V. S. No. 1

PLACE OF DEATH	01391 STATE OF MARYLAND
County CORORAT LIMITS	CERTIFICATE OF DEATH
William or Standard Land	Registration Dist. No.
2FULL NAME HUNGE AN	Ward) a (If death occurred in the stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Colored Single, Married Wildowed. Colored OR DIVORCED (Write the word)	16 DATE OF DEATH Feb. 9, 1923 ((Month) Feb (Day), 9 (Year)/7
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1921. to 7. 1921. that I last saw h was alive on Feb. 8. 1921.
7 AGE 7 8 yrs. 4 mos./7 ds. or min.?	and that death occurred on the date stated above, at 4:45 m.
(a) Trade, profession or Baggage Mark (b) General nature of industry	
business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER MACLESON	(Signed) (Signed) (Address) 123 Francisco (Address) 123 Francisco (Address) 123 Francisco (Address) (Addre
OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Jon Russ	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death
(Informant Mrs Estella Travers	Former or usual residence
(Address) Pine ave, cety	Summer Cemeley Feb 12,1031
Filed eb - / - 1920 Harvey H. Weiss Rogistrar	3 S. Buttle Cambulant
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise speciments with a laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a worked on may form part of the second statement. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken whatever, write None. For many occupations a single word or term on yrs). without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(E::haustion," ""Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Enhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." Whooping cough; carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all American Medical Association.) approved by Committee on as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid Chronic valvular heart disease; etc. The Nomenclature contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERV	WRITE PLALY, FITH UNFADING INK-	N. B Every Item of information should be carefully sur
	PL VILY,	of information
Ħ.	WRITE	Every item CIANS shou
V. S. No. 1	(N. B.

	Annofane	2
	PLACE OF DEATH WITHIN CORPORATE LIMIT	01300 STATE OF MARYLAND
	County allegany	CERTIFICATE OF DEATH
	1=11	Registration Dist. No. 9
	Village or City Fashburg (No. 97	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street end
	2FULL NAME agnord Un	Aleson number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	male white SINGLE, MARRIED, married WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Fel 24, 192/
	6 DATE OF BIRTH	17 _ HEREBY CERTIFY, That I attended the deceased from 192/. to -24 24 , 192/.
	(Month) (Day) (Year) 7 AGE If LESS than	that I last saw h haralive on fell different from 1907,
	37 yrs. 4 mos. 16 ds. or min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
	(a) Trade, profession or particular kind of work Stationary Graineer	Streptococcus fremoliticus
	(b) General nature of industry business, or establishment in which employed or (employer) Ruffer Factoring.	(Duration) yrs, mos 36 ds,
	9 BIRTHPLACE (State or country) Md.	Contributory Secondary (Duration) yrs. mos. ds.
	10 NAME OF FATHER Reed anderson	(Signed) Tange & M. D.
	OF FATHER (State or eountry) Md,	*State the Disease Causing Death, or, its deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Viola Fagenbaken	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or country)	ients or Recent Residents) At place In the of deathyrsmosds. Stateyrsmosds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informant) 1971s Viola, Lenderson	Former or usual residence
and the state of the state of the state of	(Address / Frostburg md,	19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL First 27, 1931
	Filed 27 18/, DIMOM (me A) Registrar	20 UNDERTOKER ADDRESS Trolling
	If more blanks are needed, address State Registrar	, 16 W Seraloga St., Belto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Never return". Laborer,"". Foreman," "Manager," "Dealworked on may form part of the second statement. sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on For persons who have no occupation (b) Automobile factory. The material 6 Grocery; engineer,

Statement of Cause of Death—Name, first, the DIS— EASE CAUSING DEATH (the primary affection with respect) to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. MARGIN RESERVED AGE should be mation should be carefully supplied. TION is very important.

FOR BINDING

V. S. No. 1

Z

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01301
1. PLACE OF DEATH	TATE LIMITS
County filligary.	PORATE LIMITS Registration Dist. No. St. Ward
Village or City Complexion WITHIN	No. 126 Paca St., Ward
,/, (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Emma C. ash	
(a) Residence: No. 126 Pack	St., / Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIT ORCED (write the word)	21. DATE OF DEATH Fel. 73
Amole While Highward	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Author (Lish)	22. I HEREBY CERTIFY, That I attended deceased from Ful 15 1937 to Ful 73 1937
may 1886 2190=	Hast saw har alive on Feb-19 1931; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the data stated abova, at 1230 m
about 46 9 22 1 day. hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	a a a litalia of I I
9. Industry or business in which	West 22
work was dona, as SILK MILL, At Amel	34
SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) occupation occupation occupation.	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
	Juliung a
I 13. NAME WANT ZING	
13. NAME 13. NAME 14. BIRTHPLACE (city or town) 2. Chate or country)	Name of operation
(Otate of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME TONY Lodger 16. BIRTHPLACE (city or town) (State or country)	23. If death was dua to external causas (VIOL ENCE) filt in also the following:
16. BIRTHPLACE (city or town)	Accident, suicida, or homicide?
(Stata or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT grays & sterens (Address) 126 Press St	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place 152 154 Cm Date 7/2.3, 19.31	Nature of injury
19. UNDERTAKER Lamo Stem Inc	24. Was diseasa or injury in any way related to occupation of deceased?
(Address) lambuled md.	If so, specify
20. FILED Peb. 24.1931. Have H. Weiss. Registrar.	(Signed) M. D. (Address) Cucub Thurn M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

e of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
1915	Attack of enilensu	
	Treads of charles	1 week ago
1921	Run over by street ear	1 week ago
y5,1927	Perilonitis	3 days ago
	Other contributory causes of importance:	
y 1,1923	Gastroenteritis	1 year
3	y5,1927	Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforof OCCUPA-Exact statement EXACTLY. MARGIN RESERVED FOR BINDING properly classified. certificate. stated be AGE should be TION is very important. See instructions on back of CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	11-	e)	01302
County allegange	WITHIN CORPORAT	E LIMITS	Registration Dist. No.
Village or City Constitute	and	No. 7 France 9	St., 6-3 Ward give its NAME instead of street and number)
Length of residence in city or town where dea			elgn birth?yrsmosds.
2. FULL NAME Wilda	In Bear	~	
(a) Residence: No. 7 King	(Usual place of abode)	St., 6 – 3 Ward.	If nonresident give city or town and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERT	TIFICATE OF DEATH
Kimale White	or Divorced (write the word)	21. DATE OF DEATH	Tole /9 ,193/ (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. JAHEREBY C	ERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country)	Days If LESS than I day, hrs. or min. 1. Total time (years) spant in this occupation	I last saw h	death is said over at Polim mod related causes of importance Date of onset
13. NAME Edgas J Co	va	Name of operation	Date of
15. MAIDEN NAME COLOR DE 16. BIRTHPLACE (city or town)	yr Va ean	23. If death was due to external causes (Accident, suicide, or homicide? Where did Injury occur?(
18. BURIAL, CREMATION, OR REMOVAL Place Vellerey	Date Feb 221931	Manner of Injury	
19. UNDERTAKER Tores Steel	adece And	24. Was disease or injury in any way re If so, specify (Signed)	alated to occupation of deceased? NO.
20. FILED 19. 11. 19. 19	Registrar.	(Address) 33	Và ami

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I The principal cause of death and related causes		Example II	
of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
21/10/100000/00/00	1915	Attack of epilepsy	1 week ago
Corebral hemorrhage	1921	Run over by street car	1 week ago
Cerebral hemorrhage BURBAU	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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0	1	2	A	3
U	A	U	V	U

PLACE OF DEATH Village or City PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE 4 COLOR OR RACE 3 SEX MARRIED. WIDOWED. OR DIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) IIf LESS than 7 AGE I day hrs. or 25 min.? B OCCUPATION

(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ENTS OF FATHER (State or country) 12 MAIDEN NAME PARI 13 BIRTHPLACE OF MOTHER (State or Country) KNOWLEDGE

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.: Ward	(If death occurred i
ou:ward	a hospital of instite
	tion, give its NAME is stead of street an
	number.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH For 28, 1921
(Month)(Day)(Year)
17— I HEREBY CERTIFY, That Lattended the deceased from 1921. to 28, 1931.
that I last saw he alive on for 27, 192, f.,
and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
Folios Pnewmona
(Duration)yrsmos_& ds.
Contributory Myt card & Insufferency Secondary
(Signed) (Address) (Address) (Signed) (Address)
*State the Lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
13 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
At place In the State yrs ds. ds.
Where was disease contracted, if not at place of dea h?
Former or usual residence
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Westerwart Md. March 2 1931

ADDRESS

If more banks are needed, addre.s State Negistrar, 16 W. Saratoga St., Balto., Kequesting V. S. ho. I.

Registrai

20 UNDERTAKER

WRITE

15

(Approved by U. S. Census and American Fublic Health Association.)

laborer, should be used only when needed. As examples: (a) cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, (b) Colton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to e.ch and every person, irrespective of fulness of various pursuits can be known. The quesor given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Physician, Compositor, Architect, business, that fact may be indicated thus; Farmer (re report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se, Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (naver report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"E.haustion," "Heart failure," "IIaemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease st.ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse, American Medical Association.) approved by (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, menperitonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY . (name origin; "Cancer" is less definite; avoid cough; Committee on Chronic ," "Coma," "Convulsions, affection need etc. valvular heart disease; Nomenclature of the The contributory not be

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be properly classified. N. B.—WRITE PLAINLY, V. S. No. 1

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	304
1. PLACE OF DEATH		POTE LIMITS	DUX
County allegae	107-	WITHIN CORPORATE LIMITS Registration Dist. No.	4
Village or City Control	Irland	WINO. 615 Willison Plage.	6-1 Ward
Length of residence in city or town where deeth		f death occurred in a hospital or institution, give its NAME instead of street and s. 21 ds. How long in U.S. if of foreign birth?m	number)
00	P. J.	1 + 1 D	US
2. FULL NAME Welore	2 Cligal	of 1-1	
(a) Residence: No. Le 15	(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	INGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH HALL (S) (Month) (Day)	, 193(Year)
5a. If married, widowed, or divorced HUSBAND of			
(or) W(FE of	0	22. HEREBY CERTIEY That I attended	deceased from
6. DATE OF BIRTH (month, day, and year)	18 1930	I last saw h de elive on File 15 1931	: death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 5-9-m.	
	27 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:	Oate of onset
8. Trede, profession, or particular kind of work done, as SPINNER,			Uate Gronset
Kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business In which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et	nous	/ rimary'	THE
work wes done, as SILK MILL, SAW MILL, BANK, etc.		Bronelas	d
10. Date deceased last worked et this occupation (month and	11. Total time (years) spant in this	Pneumonia	1921.
year)	occupation	Other Coutributory Couses of importance:	- 1.1.
12. BIRTHPLACE (city or town) State or country)	yland	Cities Continued of Importance.	
# 13. NAME Vincent Bo	raman		
14. BIRTHPLACE (city or town)	24-1	Name of operation Date of	
(State of country)	ma	What test confirmed diagnosis? Was there an a	utopsy?
15. MAIDEN NAME Saral	Laygor	23. If death was due to external causes (VIOLENCE) fill in also the following	:
0 16. BIRTHPLACE (city or town)	rela	Accident, suicide, or homicide? Date of injury	, 19
(Stete or country)	10	Where did Injury occur? (Specify city or town, county and Stat	e)
(Address) 615 Willison	Borgman	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL	0-700	Manner of Injury	
Place of feelent facilierels	4 tel-17, 1931	Nature of Injury	
19. UNDERTAKER Design	tein Tu	24. Was disease or injury In eny way related to occupation of deceased?	
(Address) Remberlan	a cma.	If so, specify Misources	
20. FILED 16 . 16 , 19 /1 Haw	Registrar.	(Signed) (33 Va aux	M. D.
If more blank	are needed address State Peristen	acce M. Charles Comm. Butting B. C. M.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Exa			Example II		
The principal cause of death of importance were as follows: Arteriosclerosis	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	37	1921	Run over by street car	1 week ago	
Cercbral hemorrhage	BUREAU V.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of	importance:	31 1 1000	Other contributory causes of importance:		
Gausiones		May 1,1923	Gastrocnteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

	040
CE OF DEATH	013
~ 0.0	

STATE OF MARYLAND CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

(Month)

I HEREBY CERTIFY, That I

and that death occurred on the date stated above, at &

Oleltone Red. - Ward) a (If des a hospi

16 DATE OF DEATH

The CAUSE OF DEATH *

Contributory Secondary (If death occurred in a hospital or institution, give its NAME is stead of street and number.)

(Day)

atrended the deceased from

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	SE GLE.
Temale	White	OR DIVORCE (Write the word)
6 DATE OF BIR	тн	

now	- 7 -	1858
(Month)	(Day)	(Year)

IIf LESS than

	l day hrs
12 yrs. 2 mos. 26 ds.	or min.

(a) Trade, profession or particular kind of work	Domestic
(b) General nature of industry business, or establishment in	A+ 71.

which employed or (er		6	u [6	742	_
BIRTHPLACE (State or country)	1	1	-1	1	(

		West	Ua.
	10 NAME OF FATHER	en Box	vell
ENTS	OF FATHER (State or country)	West	Ua
2	12 MAIDEN MAME A		Nova

OF MOTHER	erin	0	19 torr	9
13 BIRTHPLACE OF MOTHER	2	1	1	

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)	ws.	H.	Br	in	1Ke	ل
(Addr	ss) 5 0	78	folto	CARAL	Rel-	C

15	Filed tob. 4.	1931. Harvey	Heis
		X	Registrar

*Stat	e the	1/18ES	se (Jausing	1 /ea	un. for.
Violent	Causes,	stats	(1)	Means	of	Injury
Accident	al, Suicid	al or l	Homic	cidal.		

18	LENGTH	OF	RESIDENCE	(For	Hospitals,	Institutions,	Trans
	ients or R	ecent	Residents)				

Duration)

At place of deathyrsmos,ds.	In the State yrs mos d
Where was disease contracted, if not at place of death?	***********************************

orme	
Isual	residence

St. Reter & Rawl Come. 7	el-5, 19	

20 UNDERTAKER	,
7. 01	
	_, /
XOTIA ALC	A LA MALK

ADDRESS Comberland

deaths from (2) Whether

and

If more bianks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

laborer, definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Physician, Compositor, Architect, Locomotive engineer, report Foreman, first line will be sufficient, e. g., Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Colton mill; (a) Salesman, (b) specifically the occupations of persons en-(b) Automobile factory. The material For persons who have no occupation Grocery;

Statement of Cause of Death—Name, first, the Dissease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

atic), stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, corbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions," perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, cough; or intercurrent) Chronic valvular heart disease; affection need not be etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Exact

should be stated EXACTLY, P. it may be properly classified. s on back of certificate. BINDIN that ACE V supplied TH UNFADING INK--THIS terms in plain Every Item of information should be carefully CIANS should state CAUSE OF DEATH in plai statement of OCCUPATION is very important. WRITE PI

MARGIN RESERVED FOR

See instructions

V. S. No. 1

ż

PLACE OF DEATH

ALLEGENY County.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

	CL

01306

CORPORATE LIMITS

MEDICAL CERTIFICATE OF DEATH

(If death occurred In a hospital or institu-tion, give its NAME in-stead of street and number.)

CUMBERLAND, MD .(No

	PERSONA	L AND STATIST	ICAL PARTIC	ULARS
3 9	EX ALE	WHITE	5 SINGLE, MARRIED, WIDOWED. OR DIVORCE (Write the work	
	ATE OF BIRTI			()
		FEBRUARY	TT. T93T	,
			Day)	(Year)
7 A		yre	_mosd	If LESS than I day hrs. or min.?
\(\text{l}		of workure of industry	******************	**************************
)w	o) General natural siness, or established hich employed	ure of industry ablishment in l or (employer)	••••••	
)w	o) General nate usiness, or esta hich employed IRTHPLACE (State or count	ure of industry ablishment in l or (employer)	••••••	
)w	o) General natural siness, or established hich employed	ure of industry ablishment in l or (employer)	D	
bi Jw B B B	o) General natusiness, or esta hich employed IRTHPLACE (State or count	DAVID B	D RAILER	
ARENTS W	O) General natusiness, or establishess,	DAVID BE COUNTY MARYLANI DAVID BE COUNTY MARYLANI DAVID BE COUNTY MARYLANI MARYLANI DAVID BE COUNTY MARYLANI MA	D RAILER	
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PARENTS	O) General naturations, or establishes, or est	DAVID BE R ROSALI	D RAILER LAND E BURNS LAND	LEDGE
PARENTS	O) General naturations, or establishes, or est	DAVID BEST	D RAILER LAND E BURNS LAND	

17 I HEREBY C		h) at I atter	(Day)	(Year)
	192 to.			
that I last saw h				
	* was as foll ORN	ows:		
Contributory	000000000000000000000000000000000000000	i)i	.yısm	osde
(Signed) 700	(Address) 4	ha		M. D
*State the Diser Violent Causes, state Accidental, Suicidal or	ase Causing (1) Means Homicidal.	Death, of Inju	or, in deat ry and (2)	ths from Whether
1B LENGTH OF RESIDENTS OF Recent Residents	dents)			
At place of death	ds.	In the State.	yrs	mosds
Where was disease contractif not at place of death? Former or 237 Valuable residence.	ted.MEMOR	IAL	HOSPITA	
St Jatrick			Feb /	BURIAL /. , 193./.
20 UM DERTAKER		-y	ADDRESS	

Registrar

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from work, laborer, Spinner, (b) Cotton mill; (a) Solesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housevije, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Statement of Occupation-Precise statement of ocwhatever, write Nonc. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on 10 especially in industrial employments, it is necesyrs). Form laborer, At Home, and children, without more precise specification as Doy For persons who have no occupation (b) Automobile factory. The material Laborer-Coal minc, etc. Womnot gainfully em-Grocery;

Statement of Cause of Death—Name, first, the Disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrspiral fever (the only definite synonym is "Epidemic cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by Committee on Nomenclature (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "(Tracmia," "Weakness," etc., when a definite disease "Debility" causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; Examples: Accidental drowning; Struck by railwoy traintaken. unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; ("Congenital," "Senile," etc.), "Dropsy, on," "Heart failure," "Haemorrhage, Chronic valvular heart disease; etc. The contributory

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	Every	CIANS	ement	
•	5	YSI	stat	
	RECO	7. PH	Exact	
BINDING	PERMANENT RECORD. Every item of inf	EXACTLY. PHYSICIANS should st	ly classified. Exact statement of OCCUF	
BII	PER	E	rly c	0+0

	County All Village or City	egany Narrows.	Park Mo	Outsid City L	e ui imita		Registration	. St.	/w
2.	FULL NAME_ (a) Residence: N	charles Narrows	.W.Bramb .Park	ole.			tution, give its NAM of foreign birtb?		mos.
(Usual place of about PERSONAL AND STATISTICAL PARTICUL.						MEDICAL O	CERTIFICATE		
3. SE	Male	OLOR OR RACE White	5. SINGLE, MAR OR DIVORCE	RRIED, WIDOWED,	21. DATE	OF DEATH	b. 25.19	(Day)	, 193(Yea
		Barbara I	Bramble July.22.	1875	22. px	1 HEREB	Y CERTIF	Y That I attend	d deceased
6. DA 7. AG	ATE OF BIRTH (month GE Years	, day, and year) Months	Days 3	If LESS than 1 day, hrs. ormin.	19	PAL CAUSE OF DEA	ted above, at 2		Date of
CUPATI	SAWYER, BOOKKEEPER, etc. Potoms 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. July 10. Date deceased last worked at this occupation (month and		II. Total t			irili 1 H	-Up	Cegra	ang 12
12. B	year) occupation Cumberland Md 12. BIRTHPLACE (city or town) 411-cany (State or country)				Other Coutril	butory Causes of im	portance:		
ER I	13. NAME Cha	rles.I.Bi	ramble						
13. NAME CHARLES. 1. Bramble Cumberland. Md 14. BIRTHPLACE (city or town) (State or country) Allegany				Name of oper			Date of Was there a	n autopsy?	
	15. MAIDEN NAME Barbara. Long 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Mrs Howard Brokey (Address) Cumberland. Md Rout. One 18. BURIAL, CREMATION, OR REMOVAL Place Rose Hill Compate Mar. 1.1931				Accident, suid		auses (VIOL ENCE) fi		
17. IN							(Specify city or in INDUSTRY, in HO	town, county and S OME, or in PUBLIC	tate) PLACE.
18. BI					Manner of in				
19. U	NDERTAKER	hn.C. wolt	ord.		24. Was diseas		way related to occup	ation of deceased?	r
20. FI	ILEOTRAS , 28	1,193), Har	very Hil	Neros.	(Signed)	Address) 4 1	Zu 7/	mark	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPAC	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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certificate.

TION is very important. See instructions on back of

item of infor-

1. PLACE OF DEATH	WAIT LAND	N CORPORATE LIMITS Registration Dist. No.	500
County allegann		N CORPORT	37
Village or City la months	and	NU.	5 War
Length of residence in city or town where deeth o		If death occurred in a hospital or institution, give its NAME instead of street and aur sds. How long in U.S. if of foreign birth?yrsmos.	
2. FULL NAME Catherin	e Britz	2	
(a) Residence: Np. Mands	on Ann	St. 5 Ward.	
	(Usual place of abode)	If nonresident give city or town and St	tate
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	R DIVORCED (write the word)	21. DATE OF DEATH Jebuary (Month) (Day)	193./(Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of		1 HEDERY CERTIFY THE	
(or) WIFE of		Seft HEREBY CERTIFY. That I attended de	ceased fro
6. DATE OF BIRTH (month, dey, and yeer)	nn 2 185.50	1 last saw her alive on February 17 1981.	death is sa
7. AGE Years Months	Pays If LESS than	to have occurred on the date stated above, at 2:364.m.	
75- 8	1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER,	A 7 101	Carcinoma of left plutes!	Date of one
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry was done as SILK MILL	nsummer	region.	7
9. Industry or business in which work was done, es SILK MILL.	1 2km.	0	
work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and	L/Time		
10. Oate deceased last worked at this occupation (month end year)	11. Total time (years) spent in this occupation		
7-		Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	·	-	
	itt-		
14. BIRTHPLACE (city or town)	NUMM _	Dem.	
14. BIRTHPLACE (city or town)	m	Name of operation Date of Date of	
(State of Country)	2 1	What test confirmed diagnosis?	opsy?
15. MAIOEN NAME Cathurne 16. BIRTHPLACE (city or town)	Bonulair	23. If deeth was due to external causes (VIOL ENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	maser	Accident, suicide, or homicide? Date of injury	, 19
(Stete or country)	7	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT Serge N	nn	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	ne.		
Marie To a Paris Con Con	te 2/1/0 19.31	Menner of Injury	
11. 11.	0	Neture of injury	Tam
19. UNOERTAKER Armo Stem	Jne.	24. Was disease or injury in any way related to occupation of deceased?	-00
(Audiess) armbuls	of me	If so, specify Hodger	
20. FILED 19. 19. 3. 1. Harry	leg H. Registrar.	(Signed) Cumbelland	Jud.
If more blanks	are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

STATE OF MADVI AND CEDTIFICATE OF DEATH

04200

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example- I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis IAH	1915	Attack of emilepsy	1 week ago
Chronic interstitial nephritis	1021	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Control Control			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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PLACE OF DEATH	UISUS STATE OF MARYLAND
County Allegany	CERTIFICATE OF DEATH Registration Dist. No.
Village or City Macsing (No. 2FULL NAME Street	St.: Ward) St.: Ward) (If death occurred is a hospital or institution, give its NAME is stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color OR RACE B SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	(Month) (Day) (Year) (Year) (Year) (193/) (Year) (Y
(Month) (Dsy) (Year)	that I last saw halive on 2-22, 193
7 AGE If LESS that I day hrs I day	. The CAUSE OF DEATH was as follower
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yys / mos 3
9 BIRTHPLACE (State or country)	Contributory Office Clear Training Secondary (Durstion) Lyre mos
10 NAME OF FATHER Solven on Brown	(Signed) S. Don Gylww M. I
OF FATHER (State or country) U	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Confirme	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tranients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) May Work Willy	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Redmont St. Va	79 eyper Country Feb 25. 1931

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(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocsary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necestired 6 yrs). or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook. ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a report specifically the occupations of persons enor Al Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer. without more precise specification as Day For persons who have no occupation Laborer-Coal minc, etc. Wom-(b) Grocery,

Statement of Cause of Death—Name, first, the DISBASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia,"

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. discases resulting from childbirth or miscarriage as can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Exhaustion, "Debility" tions, such as "Asthenia," "Anaemia" (merely symptomunqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, ility" ("Congenital," "Senile," etc.), "Dropsy,' haustion," "Heart failure," "Haemorrhage," Never report mere symptoms or terminal condi-Chronic etc. The valvular heart disease; Always qualify all contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

N. B.

	CE OF DEATH		01310	STATE OF M	
County	Allegany	MARKET TO THE PARTY OF THE PART	(67)	CERTIFICATE	11
WITHIN C	ORPORATE LIMITS			/ ,	Dist. No.
	City Cumberland		rial Hospital	Ward)	(If death occurred in a hospitel or institu- tion, give its NAME in- stead of street and number.)
PERS	SONAL AND STATIST	ICAL PARTICULARS	MEDI	CAL CERTIFICATE C	of DEATH
3 SEX	4 COLOR OR RACE	MARRIED. MELL'I'I'	d 16 DATE OF DEATH		
Male	White	WIDOWED. OR DIVORCED (Write the word)	Feb	ruary 6, 193; (Month)	
6 DATE OF		2 4. (Day)	90 Feb 6	1931 to	
7 AGE		If LESS		arred on the date stated	above, at 3:55 Pm.
	110 3	9) I day		TH * was as follows:	
B OCCUPAT	JON yrs.	mos. de. or	min.?		
(a) Trade,	profession or kind of work	mobile	-Jums	us nouna	- 7 face
14		lly - Spring &			1/ 1/ 3
	or establishment in bloyed or (employer)	Like. Cost		(Dursting)	mos de.
9 BIRTHPLA	CF		Contributory M.	elanelialia -	Juride.
(State of	country) North	Carolina		(Duration)	
10 NAM		KB.	(Signed)	NHW	iso M.D.
11 BIRTI	HPLACE	1 sourges	Feb 7 192	3/ (Address) /26 Um	on - Cumberland /
Z (Stat	te or country) Nort	h Carolin	*State the Violent Causes, Accidental, Suicida	Disease Causing Death, state (1) Means of Inj	or, in deaths from ury and (2) Whether
OF M	OTHER HOL	1 Know	18 LENGTH OF R	ESIDENCE (For Hospital	als, Institutions, Trans-
OF M	HPLACE OTHER te or Country)	& Know	At place of death yrs		yrsds.
14 THE ABO	VE IS TRUE TO THE BEST	T OF MY KNOWLEDGE	Where was disease cor if not at place of de	oth? near Cum	berland, Md.
(Inform	ant Mrs. Of.	m. Burg	Former or usual residence	Narrow's Addi	COPY / A TO A CONTROL OF
(A	ddress) Reids	ville n. E	Pullia	90	Tel-10, 1934
Filed Filed	26.10, 1931. Ha	wey H. Weise Registr		tein Luc	ADDRESS Onberland
	If more branks are		gistrar, 16 W. Saratoga St.,	Balto., Requesting V. S.	No. 1.
		Dr. Homer	Wilson		THQ.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation whatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed ployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Form laborer, Laborer-Coat mine, etc. woun-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dcal-Spinner, (b) Cotton mill; (a) Solesmon. (b) Grocery. (o) Foreman, (b) Automobile foctory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Physician, Compositor, Architect, Locomotive engineer, r," etc., report specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Form laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Doy

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphheria (avoid use of "Group"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

> (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, corbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "(Exhaustion," "Heart lauure, "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease American Medical Association.) Examples: Accidental drouning; Struck by railwoy trointions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-(secondary "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiby Committee on Nomenclature cough; or intercurrent) affection need not be Chronic volvular heart disease; etc. The contributory Measles ;

If this certificate is looked over thoroughly and all questions abswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.—Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD VITH UNFADING INK--THIS IS A PERMANENT WRITE PL

MARGIN RESERVED FOR BINDIN

V. S. No. 1

PLACE OF DEATH County Allegany	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Comberland. 124 W.	St.: 6 2 Ward) (If death occurred in a hospital or institution, give its NAME in
2FULL NAME Lucia G	aporale stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temple While (Write the word)	16 DATE OF DEATH Sile 9 , 193/ (Month) (Day) (Year)
6 DATE OF BIRTH 30, 1930 (Month) (Day) (Year)	that I last saw ham alive on Stub 1923
7 AGE If LESS than I day hrs. Jay hrs	
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Bronchopnunug (Duration) yrs mos 6 ds
9 BIRTHPLACE (State or country) Md.	Contributory Secondary (Duration) yrs
10 NAME OF FATHER Congress to Caponala	(Signed) 1931 (Address) / 3 3 V 9 am
OF FATHER (State or county) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHERACIA Di Martino	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or Country)	At place of deathyrsmosds, Stateyrsmosds. Where was disease contracted,
(Informant Grown to The BEST OF MY KNOWLEDGE	if not at place of death?
(Address) /24 W. 3/20 St City	St patricks Cerne Feb 19 19 31
15 Filed Leb. 10, 1923 1. Have Hulers Registrar	Tour Stein Les Cumberland
If more bianks are needed, address State Registrati	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more process. The laborer, Farm laborer, Laborer—Coal minc, etc. Womlaborer, Farm laborer, Laborer—to the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on yrs). For persons who have no occupation If the occupation has been changed

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident, Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently field.

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		CERTIFICATE OF DEATH 0131	2
1. PLACE OF DEATH	0	CRATE LIMITS 4	
County Allegh	my Co	OORPORATE LIMITS Registration Dist. No. No. Allegany Hospital	
Village or City Que		If death occurred in a hospitation institution, are its NAM finstead of street and number	War
Langth of residence in city or tow	where daath occurred 30 yrsm	ds. How long in U. S. if of foreign birth?yrsmos	d
2. FULL NAME Edw	in Brown Clay	brook M.D.	
(a) Residence: No. 757		St., / Ward.	
PERSONAL AND ST	(Ugual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	:
3. SEX 4. COLOR OR R		21. DATE OF DEATH	
Male White	OR DIVORCED (write the word)	Feb (Month) (Day) To , 193	(Yaar)
5a. If married, widowed, or divorced HUSBAND of	p. OH, 40	22. I HEREBY CERTIFY. That I attended decea	sed fro
(or) WIFE of Harrist a	ightfool (laybrook	7 / 22 21 2 / 2 = =	19.3/
6. DATE OF BIRTH (month, day, and yes	n aug 16 - 1871	I last saw h. alive on Feb ag 1931; dea	ath is sa
7. AGE Years M	nths Days If LESS than	to have occurred on the date stated above, at _3_15 a.m.	
59	/2 1 day,hrs	were as follows:	e of onse
8. Trade, profession, or particular kind of work done, as SPIN SAWYER, BDOKKEEPER, atc	IER. Physician & Surgeon		~2-
9, Industry or business in which work was done, as SILK Mil SAW MILL, BANK, etc	ı, /		
1D. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) West	turnland Cas	Dther Contributory Causes of importance:	9
(State or country)	Virguia	Agenera	1
13. NAME Edwin 19	non Elay book		
14. BIRTHPLACE (city or town)	Vistmon land les	Name of operation Date of	
(Stata or country)	Ourginia	What test confirmed diagnosis? Was thera an autops	
15. MAIDEN NAME Quidit	Meroton 1	23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME Judit	Westmoreland lo	Accidant, suicide, or homicide? Date of Injury,	19
∑ (Stata or country)	Virginia	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT Harries (Address)	eland ma	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	T 201	Mannar of injury	
Place lose Hell Come	lery Date Mich 2 , 1931	Natura of injury.	
19. UNDERTAKER Stauly	Butler	24. Was disease or injury in any way related to occupation of daceased?	0
(Address)	unburland Md	If so, specify PPBL	
20. FILED NCK, 2, 19.5	Marrey HUles Registrar.	(Signed) (Address) Carenhealand and	M.
		r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 11 V	•	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attock of cpilepsy	1 week ago
Chronic interstitial nephritis 7 1 A T 7 8	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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PLACE OF DEATH County Alle a hence	U1313 STATE OF MARYLAND
County alleghing	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Westerpart (No.	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and
2FULL NAME John Wesley Com	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Fibruary 14, 1931 (Month) (Day) (Year)
6 DATE OF BIRTH	17 1 HEREBY CERTIFY, That 1 attended the deceased from
april 28. 1862	71et. 1 1926 to 71et. 14 ,131.
(Month) (Day) (Year)	that I last saw h malive on # at 14 , 1981
7 AGE	and that death occurred on the date stated above, at 10 A
68 yrs. 9 mos. 16 ds. or min.?	The CAUSE OF DEATH * was as follows:
a OCCUPATION (a) Trade, profession or Particular kind of work	Obrosic Repliated
(b) General nature of industry business, or establishment in	7 0 0.
which employed or (employer) Raulroulu	Contributory Working Contributory
9 BIRTHPLACE (State or country) Wandand	Contributory Secondary (Duration) O yis O mos 4 ds
10 NAME OF FATHER	(Signed) Paula Wilson M. D.
TI BIRTHPLACE	Feb 16 1931 (Address) Predunt, W. Va
OF FATHER (State or country)	*State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Emily Folk	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Brans- ients or Recent Residents)
13 BIRTHPLACE	At place In the
OF MOTHER (State or Country)	of deathyrsmosds. Stateyrsmosds. Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
(Informant) Harry Comp.	Former or usual residence
1120,	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Western and had	Philos Cemetery me 7 12 1931
Filed 2 7 192 1 1 Registrat	20 UNDERTAKER ADDRESS
If more banks are needed, addre. s : tate kegistrar	16 W. Saratora St., Balto, liequesting V. S. 10. 1.
ir more blanks are needed, address tate kegistrar	- White party

(Approved by U. S. Census ɛnd American Fublic Health Association.)

should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery. state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken. household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more process of mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. the first line will be sufficient, e.g., Farmer or Flanter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation But in many Grocery;

Strtement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia, ("Pneumonia,")

American Medical Association.) 'tctanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on (Recommendations on statement of cause of death carbolic acid-probably suicide. The n.ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., sepsis, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic etc. The contributory valvular heart Nomenclature of the disease; not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

II 1	01314
County Clegary Miner	STATE OF MARYLAND CERTIFICATE OF DEATH
County Co	CERTIFICATE OF DEATH Registration Dist. No.
Village or City was burg (No. 676, 2FULL NAME amus subl	Main Passinci Ward (If death occurred in a hospital or institution, give its NAME is stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Chile SINGLE, MARRIED WIDOWED WAY	16 DATE OF DEATH 40 27, 181
6 DATE OF BIRTH May 28, 1878	17 A HEREBY CERTIFY, That I attended the deceased from
7 AGE (Monty) (Day) (Year) 7 AGE 1 day hrs.	
8 OCCUPATION (a) Trade, profession or Patrus Coal Menus particular kind of work	Coubist Hemorrhage
(b) General nature of industry business, or establishment in which employed or (employer)	Contributor (Little Curry)
10 NAME OF HAMES Condon	(Duration) yrs. mos. d.d.
OF FATHER (State or country) 12 MAIDEN NAME (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER 13 BIRTHPLACE OF MOTHER 13 BIRTHPLACE OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds, State yrs mos de
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Address) Cum lutana Ma	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Michaels Cern Mch1, 13
Filed / 3/ Martin Manual	Janas Durest Finsburg
If more blanks are needed, eddress State Registrar	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more prevalent alborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewije, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Physician, Compositor, Architect, Locomotive whatever, write None. or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a first line will be sufficient, e. g., Farmer or Planter, Foreman, (b) For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material Stationary fireman, etc. But in many For persons who have no occupation As examples: (a) engineer, 100

Statement of Cause of Death—Name, first, the pis-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> tetanus) may be stated under the head of "contributory." (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Inanition," "Heart failure," "Haemorrhage, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases "Uraemia," "Weakness," etc., when a definite disease Whooping cough; American Medical Association.) approved by taken. FOR VIOLENT DEATHS state MEANS OF INJULY (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Committee on Chronic valvular heart disease; etc. The contributory Nomenclature

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

County Village or City Langth of residence in city or town where death occurred Langth of residence in city or town where death occurred (a) Residence: No. 31 OUTPUT PERSONAL AND STATISTICAL PARTICULARS 1. SEX 4. COLOR OR RACE S. SINGEL MARIE A. COLOR OR RACE S. SINGEL MARIE MARIE MARIE MARIE MARIE A. COLOR OR RACE S. MARIE M	1. PLACE OF DEATH	
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Langth of residence in city or town where death occurred. YELL NAME (a) Residence: ND. 3/8 August of the common death occurred in a hogglist or inatigation, give its NAME/fracted of states and unimber? (b) Residence: ND. 3/8 August of the common death of the comm		No. allegany Totalites, + Ward
(a) Residence: No. 3 B Coupshace of shool (Copshace of shool) PERSONAL AND STATISTICAL PARTICULARS 3. SEX	(16	
(a) Residence: No. 3. B. Claystace of shode: PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR HONCED (venic the word) 5. If married, widowed, or diverced (or) vidence word (or) white or diverced (or) which (or diverced (or) white or diverced (or) white or diverced (or) which (or diverced (or diverc	Langth of residence in city or town where death occurred	now long in U.S. If of loreign birth?
PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR, OR RACE OF DIVOKED Curric the word; OF DIVOKE	2. FULL NAME CASTERNE Como	d.
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR, OR RACE S. SINGLE, MARKED, WIDOWED, OR DEATH OR DIVOKEED Or write the wordy SB. II married, widowed, or divorced (month), day, and year) Fig. II married, widowed, or divorced (month), day, and year) S. Trada, profession, or particular or min. J. ACE Years Months Days II LESS than I day. Arried, SPINKER, alc. S. Industry or business in which work was done; as SILK MILL, SAW MILL, BARK, etc. SAWYER, BOKKEEPER, alc. J. Industry or business in which work was done; as SILK MILL, SAW MILL, BARK, etc. SA	(a) Residence: No. 318 Pransland	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OK DIVORCED (carrie the word) Sa. It married, widowed, or divorced HUSBAID of Oron hilf ed HUSBAID of Oron hilf HISBAID of Oron hilf		
So. It married, widowed, or divorced HUSBADO of Cor) WIFE		
59. If married, widowed, or divorced HUSBAND of Corr WIFE		Weh. 6 193/
HUSBAND of (or) WIFE of WIFE o	Amole vonce Thomas	(Month) (Day) (Year)
1 Section of Birth (month, day, and year) 1 AGE 1 Years 1 Months 1 ILESS than I day; hrs. or min. 1 Section of work done, or SPITNER, SAMYER, BOAKEPER, atc. 1 Detection of work done, or SPITNER, SAMYER, BOAKEPER, atc. 1 Detection of work done, or SPITNER, SAMYER, BOAKEPER, atc. 1 Detection of work done, or SPITNER, SAMYER, BOAKEPER, atc. 1 Detection of work done, or SPITNER, SAMYER, BOAKEPER, atc. 1 Detection of work done, or SPITNER, SAMYER, BOAKEPER, atc. 1 Detection of work done, or SPITNER, SAMYER, BOAKEPER, atc. 1 Detection of work done, or SPITNER, SAMYER, BOAKEPER, atc. 1 Detection of work done, or SPITNER, SAMYER, BOAKEPER, atc. 1 Detection of work done, or SPITNER, SAMYER, BOAKEPER, atc. 1 Detection of work done, or SPITNER, SAMYER, BOAKEPER, atc. 2 Detection of work done, or SPITNER, SAMYER, BOAKEPER, atc. 3 Detection of work done, or SPITNER, SAMYER, BOAKEPER, atc. 3 Detection of work done, or SPITNER, SAMYER, BOAKEPER, atc. 4 Detection of work done, or SPITNER, SAMYER, BOAKEPER, atc. 5 Detection of work done, or SPITNER, SAMYER, BOAKEPER, atc. 5 Detection of work done, or SPITNER, SAMYER, BOAKEPER, atc. 5 Detection of work done, or SPITNER, SAMYER, BOAKEPER, atc. 6 Detection of work done, or SPITNER, SAMYER, BOAKEPER, atc. 6 Detection of work done, or SPITNER, SAMYER, BOAKEPER, atc. 7 Detection of work done, or SPITNER, SAMYER, BOAKEPER, atc. 7 Detection of work done, or SPITNER, SAMYER, BOAKEPER, atc. 8 Detection of work done, or SPITNER, SAMYER, BOAKEPER, atc. 8 Detection of work done, or SPITNER, and the work done of work done, or SPITNER, and the work done of work done, or SPITNER, and the work done of work done, or SPITNER, and the work done of work done, or SPITNER, and the work done of work done, or SPITNER, and the work done of work done, or SPITNER, and the work done of work done of work done, or SPITNER, and the work done of work done, or SPITNER, and the work done of work done, or SPITNER, and the work done of work done, or SPITNER, and the work done of work do	HUSBAND of	22. HEREBY CERTIFY That I attended deceased from
7. AGE Vears Months Days If LESS than I day, hrs. or min. 8. Trada, profession, or particular were spinlows. 9. Industry or business in which saw with the saw will. Balk, etc. 10. Date deceased last worked at this occupation (month) and spent in hits occupation. (State or country) 21. BIRTHPLACE (city or town) (State or country) 23. If LESS than I day, hrs. or min. The PRINCIPAL CAUSE OF DEATH and related course of importance were spillows. Date of onset the profession, or particular were spillows. Date of onset the profession was a second of the profession was a second or min. Date of onset the profession was a second or min. Date of onset the profession was a second or min. The PRINCIPAL CAUSE OF DEATH and related course of importance were spillows. Date of onset the profession was a second or min. Date of onset the profession was a second or min. Date of onset the profession was a second or min. Date of onset the profession was a second or min. Date of onset the profession was a second or min. The PRINCIPAL CAUSE OF DEATH and related course of importance were spillows. Date of onset the profession was a second or min. Date of onset the profession was a second or min. Date of onset the profession was a second or min. Date of onset the profession was a second or min. Date of onset the profession was a second or min. What test confirmed diagnosis? Was there are outpays? Date of onset the profession was a second or min. What test confirmed diagnosis? Was the second or min. Where Catributery Causes of importance were spillows. Was there are outpays? Date of onset the profession was a second or min. The PRINCIPAL CAUSE OF DEATH and related to observe a second or min. Date of onset the profession was a second or min. Date of onset the profession was a second or min. Date of onset the profession was a second or min. Date of on	(d) The same of th	Jan 1 1031,10 Fell 16 , 1931
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S. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, atc. S. Moutry or business in which work was done, as SI k Mill. SAWYER, BOOKKEPER, atc. S. Moutry or business in which work was done, as SI k Mill. SAWYER, BOOKKEPER, atc. S. Moutry or business in which work was done, as SI k Mill. SAWYER, BOOKKEPER, atc. S. Moutry of the work was done, as SI k Mill. SAWYER, BOOKKEPER, atc. S. Moutry of the work was done, as SI k Mill. SAWYER, BOOKKEPER, atc. S. Moutry of the work was done, as SI k Mill. SAWYER, BOOKKEPER, atc. S. Moutry of the work was done, as SI k Mill. S. Moutry of the work was done, as Si k Mill. S. Moutry of the work was done, as Si k Mill. S. Moutry of the work was		to have occurred on the data stated above, at 18 m.
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Registrar. (Address) Dumby gland 126	20, FILED 1, 19 d. Ls. Registrar.	(Address) Dumbofland M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

le I	-	Example II	
The principal cause of death and related causes Date of onset of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
	1915	Attack of epilepsy	1 week ago
5 113	1921	Run over by street car	1 week ago
	July 5,1927	Peritonitis	3 days ago
REAU.	9.		
		100	74 1
portance:		Other contributory causes of importance:	
	May 1,1923	Gastroenteritis	1 year
	d related causes	Date of onset 1915 1921 July 5,1927 REAU	The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

If more blank are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes Date of onset			Example II	
The principal cause of desof importance were as foll Arteriosclerosis	ows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	BUREAU V.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BULLIO *.*	July 5,1927	Peritonitis	3 days ago
*	South and the defendance with fathers to the fathers to the second of th	According 1		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

8.1 ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01317
1. PLACE OF DEATH	OBFORATE COR
County allegans	HIN CORPORT (108) Registration Dist. No.
Village or City Composition	No. 125 Frederick St., Ward
Length of residence in city or town where death occurred 25 yrs	death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME LINES V. Cumming	chan)
(a) Residence: No. 125 Frederick	St., 4 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE GROWORCED write the word) Flowle Note State Sta	21. DATE OF DEATH (Mopph) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Complete C.	22. 2 HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 425/858	I last saw h_ alive on 9 6. 3 f Le 19.3 1; death is seid
7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, atm.
73 1 b ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as tollows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Varile Vellemonico Jel. 193
9. Industry or business in which	dolar polumania : 4 days
work was dona, as SILK MILL, SAW MILL, BANK, etc.	
10. Data deceased last worked at this occupation (month and yoar)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Chronic Mysearlitis 1929
(State or country)	
14. BIRTHPLACE (city or town)	
4. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis?
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT (Address) + and Q	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CHEMATION, OR REMOVAL Place Ful 28, 19 3 /	Manner of injury
19. UNDERTAKER Long Stan Inc. (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 11. 28, 1921. Harvey H. Weiss. Registrar.	(Signed) (4 2 Deofino 80 M. D.
To move blake are model add as Sea Barrier	N. Charles B. Cumberland, Md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

E	xample I		Example II	
The principal cause of decof importance were as follows:	th and related causes.	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MAR 5 1931	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	2 3 1 Sec. 2 4	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V	July 5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:	CONTRACT CONTRACT	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

properly classified.

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

N. B.

STATE OF MARYLAND—CERTIFICATE OF DEATH 0131

1	L. PLACE OF DEATH	- /	CERTIFICATE	ITS	1/
	County Allegany	(1)	ORPORATE LIM	Registration Dist. 1	Vo
	Village or City Curp berta		No. death occurred in a horpital or institu		St.6 2 Ward
-	Length of residence in city or town where death occurre				
2	(a) Residence: No. 123 (Usua	egge la	st. bf 2 Ward.	If nonresident give eit	y or town and State
	PERSONAL AND STATISTICAL PA	RTICULARS	MEDICAL C	ERTIFICATE OF	DEATH
0	male Tolite OR DIX	, MARRIED, WIDOWED, ORCED (write the word)	21. DATE OF DEATH	Feb (Month)	(Year)
5e.	. If merried, widowed, or divorced HUSBAND of (or) WIFE of	0	22 Find HEREBY	CERTIFY II	at I ettended deceased from
	DATE OF BIRTH (month, day, and year) AGE Years Months Day L L L 6	rs It LESS than 1 day, hrs. or min.	I lest saw h alive on to have occurred on the date state The PRINCIPAL CAUSE OF DEAT were as follows:	od above, at	1935; death is sald
10	8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	none	ased	the eld-	Frih - 21
HER 1 OCCUPA		Total time (years) spant in this occupation			1/24
12.	BIRTHPLACE (city or town) Drawy (State or country)	land	Other Contributory Causes of impo	ortance:	1931
ER	13. NAME Stander / Ale	ris			
FATH	14. BIRTHPLACE (city or town) Transport	clared	Name of operation Whet test confirmed diagnosis?		
HER	15. MAIDEN NAME LETTIA (Scott	23. If death was due to external car	uses (VIOLENCE) fill in af	o the following:
MOTH	16. BIRTHPLACE (city or town)	+ Va	Accident, suicide, or homicide?	Date of	injury, 19
IS WOTHER	(Address) 23 W. 13	End had	Specify whether injury occurred i	(Specify city or town, n INDUSTRY, in HOME, or	in PUBLIC PLACE.
2	BURIAL, CREMATION, OR REMOVAL PIACO TO SE WILL COMME : Date	7.el 25, 1931	Manner of injury	of wat	in of body
19	O. UNDERTAKER Taxis Stejie (Address) Comberlais	Juca d	24. Was disease or injury in any v	vey related to occupation o	f deceased?
20) FILED 7: eh. 241931. Harvey	H. Weiss Registrar.	(Signed) (Address)	3 Vec	M. D.

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, Example-P - IVEL)	Example II	Zantam (ACD)
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis BAU.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF DEATH

(Month)

(Day)

IFLES

I day

or

6 DATE OF BIRTH

8 OCCUPATION

9 BIRTHPLACE (State or country 10 NAME OF FATHER 11 BIRTHPLACE

(a) Trade, profession or

(b) General nature of industry business, or establishment in

which employed or (employer)

particular kind of work

OF FATHER

12 MAIDEN NAM OF MOTHER

13 BIRTHPLACE OF MOTHER (State or Country

(Informant)

(Address

(State or country

7 AGE

01319 (125-P

STATE OF MARYLAND CERTIFICATE OF DEATH

	CERTIFICATE OF DEATH
WITHIN CORPORTE MITS Village or Circumsterland (No. Ollege	Registration Dist. No. Ward) Ward) Ward) Ward) Ward occurred In a hospital or institution, give its NAME in-
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Toursh lefte (Write the word)	16 DATE OF DEATH Deb. 12th. , 1931

	16 DATE OF DEATH Seb. 12th. 1931
	Jel. (Month) 1216 (Day) 1831(Year)
	17 / I HEREBY CERTIFY. That I attended the decembed from
7	Jew. 28th, 1931, to Let 12th, 1931
f r)	that I last saw he alive on Tele 12th , 1931
han	and that death occurred on the date stated above, at 11.40 Am
nra.	The CALICE OF DEATH
	The CAUSE OF DEATH * was as follows:
in.?	Paxalytic Gless.
	Caxalysic steels.
	26
	(Duration) yrs. mos. de
	Bance L. Pl
	Contributory Secondary
	(Durstion) yrs mos de
	(Signed) Sescret " Mchean M. D.
	18 024931 (Address) & ucusleulands mo
	(Address)

deaths from (2) Whether *State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal.

۱	IB LENGTH OF RESIDEN	CE (For	Hospitals,	Institutions,	Iran
	ients or Recent Resident	s)			
	A. =1		In the		

At place of deathyrsmosds.	In the State yrs mos ds.
Where was disease contracted if not at place of deah?	nberland md.
Former or 210 Cecelia St	Cumberland My

		- Control of the cont		,		_		į
19	PLACE OF	BURIAL O	RREMOVAL	7	DATE	OF	BURIAL	i
	0000	1 0	10		7 0		77 74	

20 UNDERTAKER ADDRESS

If more bianks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

classified. Exact certificate o ee instructions on back ⊆ Ø Importa d state Every item of CIANS should statement of

PARENTS

15

WRITE

(Approved by U. S. Census and American Public Health Association.)

laborer, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, whatever, write None. report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womyrs). For persons who have no occupation without more precise specification as Stationary fireman, etc. But in many (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept, ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropay,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease (name origin; "Cancer" is less definite; avoid approved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart discase; affection need etc. The contributory Nomenclature not be

N. B.-Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact CORD NLY, WITH UNFADING INK-THIS IS A PERMAN MARGIN RESERVED FOR BINDIN WRITE PL

=1	
No.	
02	
>	

PLACE OF DEATH	01320 STATE OF MARYLAND
County allegans	CERTIFICATE OF DEATH
THIN CORPORAL	Registration Dist. No.
Village or City Frostburg (No.	Minegs Hospitail Ward (If death occurred in
20 15	a hospital or institu- tion, give its NAME in- stead of street and
2FULL NAME Canh	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
g sex 4 color or race 5 single, Single Wildowed. Or Divorced (Write the word)	16 DATE OF DEATH 2 - 193 1- (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
aug 24, 1890	193 D. to tall 193/;
7 AGE (Youth) (Day) (Year)	that I last saw h Walive on J.
l day hrs	The state of the s
o yrs. 5 mos. 23 ds. or min.	0
(a) Trade, profession or particular kind of work	manifor.
(b) General nature of industry	
business, or establishment in which employed or (employer)	sufferinglise vis. mog. 40.
9 BIRTHPLACE (State or country) md.	by Societaring Duration was 2 mb 8 - ds.
10 NAME OF Benfamin C. Filer Jr.	(Signed)
11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
of MOTHER Packel Folk	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of death yrs mos ds. State yrs mos ds.
(State or country)	Where was disesse contracted, if not at place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
(Informant) Denfamer C. of eler for	usual residence
(Address) / Midlothia Md	Frothers allegeng Cent Feb 18, 1931
Filed 1/8 13/ DMO Mc Lang	20 UN DERTAKER ADDRESS
If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed laborer, Farm laborer, Laborer-Coal mine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neceswhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewije, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on Compositor, Architect, For persons who have no occupation Locomotive engineer, (6) Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> telanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important Example: Measles (disease American Medical Association.) Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases can be ascertained as the cause. Always qualify al atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menperilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronic chopneumonia (secondary). The nature of the injury, etc. affection need valvular heart The contributory disease; not be

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 013	321
1. PLACE OF DEATH	IMITS	
County Mesany.	ORPORATE LINITION Registration Dist. No.	
Village or City Carantee	No. 133 Will St., 6	-2/Ward
	death occurred in a hospital or institution, give its NAME instead of street and number of the long in U.S. if of foreign birth?	
Length of residence in city of town where death occurred	ds. How long in U.S. if of foreign birth?mos	
2. FULL NAME Trances of	- orlingan	
(a) Residence: No. 1334 (Usual place of abode)	St., 6 Ward.	
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and S MEDICAL CERTIFICATE OF DEATH	нате
3.51X 4. COLOR OR RACE, S. SINGLA MARRIED, WIDOWED,	21. DATE OF DEATH	
OR I CORCED (write the word)	2. 21.	193.
5a. If married, widowed, or dispreed	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of	22. I HEBEBY CERTIFY, That I attended do	eceased from
0 / 10 .60	9 1930, to 2 -1	19.3/
6. DATE OF BIRTH (month, day, and year) Indy 10, 1896	3 2 0 '	death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the dato stated above, at J.J. An. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
34 ormin.	ware les follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc.	Blueralask	Jame
9. Industry or business in which	Surcomatous.	time
work was done, as SILK MILL, B & O Reg.	Grage of Clary	allosing
10. Date deceased last worked at this occupation (month end spant in this	y work notes	Mully
year) occupation occupation	Other Contributory Causes of importance:	0
12. BIRTHPLACE (city or town)	Other contract, cutous of importance.	1930.
(State or country)		
13. NAME James Found		
14. BIRTHPLACE (city or town) (State or country)	Name of operation	
(State of country)	What test confirmed diagnosis? Willo Dect Nachers an au	opsy?
15. MAIDEN NAME Mangareth Sungareth Signal State of Control of Con	23. If death was due to external causes (VIOLENCE) fill in also the following:	
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	, 19
(State or country)	Where did injury occur?(Specify city or town, county and State))
17. INFORMANT And to the first the state of	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	DE.
18. BURIAL, CREMATION, OF REMOVAL	Manner of Injury	
Place IN Pulls + James Con / 24, 19 3/	Nature of injury	
19. UNDERTAKER Lomis Stein Inc.	24. Was disease or Injury In any way related to occupation of deceased?	La
(Address)	If so, specify T	
20. FILED Treb 24,1931, Harvey H. Wess	(Signed) X : Willia	MAD.
Registrar.	(Address) Limber and	m.
If more blanks are needed address State Registrar	24xx N. Charles Street Relimone Research 71 S. No	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows;	S Date of onset	
Arteriosclerosis BUREAU V.	\$ - 1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis,	1931	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

should state

STATE OF MARYLAND—CERTIFICATE OF DEATH

01322

1. PLACE OF DEATH	107-0
County allegans	Registration Dist. No.
Village or City less aftown md	NoSt.,Ward
The state of the s	death occurred in a horpital or institution, give its NAME instead of street and number) ds How long in U.S. If of foreign birth? 2 yrs. mos. ds.
1-00	Olin To
2. FULL NAME Milliam Samua	1 oung
(a) Residence: No. Ores afton Marylan (Usual place of abode)	St., Ward If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH TORE 9
male While married	(Month) (Day) (Year)
5a. If married, widowad, or divorcad HUSBAND of	22 I_HEREBY CERTIFY, That I attended daceased from
(or) WIFE of Getta Gertney	126 22 1981 to Feb 25 1930
6. DATE OF BIRTH (month, day, and year) Aug 25 1878	I last saw have alive on Feb 25 , 1981; daath Is said
7. AGE Yaers Months Days If LESS than	to have occurred on the date stated above, at
3-2 6 0 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importanca ware as follows:
8. Trada, profession, or particular kind of work done, as SPINNER.	1 Tible
kind of work done, as SPINNER As AWYER, BOOKKEEPER, atc. And Miller 9. Industry or business in which work wes dona, as SILK MILL, Collemns edilk, SAW MILL, BANK, atc.	/ recemens Runder.
work wes dona, as SILK MILL, Olleres & Alk	
10. Data daceased last worked at this occupation (month and spent in this C. 4	
year) Sest 8-3 occupation }	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town)	Other Countributory Causes of Importance.
(State or country)	Olyfleensa tx418
13. NAME Jocob toring	
13. NAME Joseph Fortney 14. BIRTHPLACE (cry or town)	Name of operation
(State of Country)	What tast confirmed diagnosis? Classical. Wes there an au'opsy?
15. MAIDEN NAME UNIT STUCK	23. If death was due to external causas (VIOL ENCE) fill In also tha following:
O 16. BIRTHPLACE (city or town) (State or country)	Accidant, suicida, or homicida?
atta ant	(Specify eity or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of Injury
Place Teners burg . Ca. Date Feb. 28., 1931.	Nature of Injury
19. UNDERTAKE POLICE Stein Inc	24. Was disease or injury in any way related to occupation of deceased? ho
(Address) Gamberland Grandford	If so, spacify
20. FILED Fred. 26, 1931. /1/4/ auante/	(Signad) and M.D.
Registrar	(Addrase) Accordence and My

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesalc merchants. A person who sells goods should be called a salesman and not a clerk.

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patri and a second	Example I		Example II		
The principal cause of of importance were as f	death and related eauses ollows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	MAR 5 1931	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephri	is	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V. B	July 5,1927	Peritonitis	3 days ago	
Other contributory caus	ses of importance:		Other contributory causes of importance:	100	
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

(Approved by U. S. Census and American Public Health Association.)

'ployed, as At school, or At home. Care should be taken gaged in domestic service for wages, as Scrvant, Cook to report specifically the occupations of persons encupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; if cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. etc., Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on Nomenclature tctanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritoritis," etc. can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.)
> If this certificate is looked over thoroughly and all quistions (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJU.X State cause for which surgical operation was under-..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Measles ;

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from work, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the business, that fact may be indicated thus; Furmer (reployed, as At school, or At home. Care should be taken er," etc., Spinner, additional line is provided for the latter statement; it sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a laborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, Or For many occupations a single word or term on Form loborer, (b) Cotton mill; (a) Salesman, (b) At Home, and children, without more precise specification as Day For persons (b) (a) the kind of work and also (b) the If the occupation has been changed Automobile factory. The material Laborerwho have no occupation -Coul mine, etc. Womnot gainfully em-Grocery;

Statement of Cause of Death—Name, first, the pig-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted to an for the same disease. Examples: ("erebrospinal fener (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fener (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicacemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," approved letanus may be stated under the head of "contributory." as fracture of skull, and consequences e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; I'visoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar, or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); American Medical Association.) Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy." "Collapse." "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condi FOR VIOLENT DEATHS State MEANS OF INJURY interstitial nephritis, ýď Committee on Nomenclature Chronic valvular heart disease, etc. The Always qualify all contributory Mcosles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the date is essential and must be obtained before the certificate is permanently filed

4

N. B.--Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact WRITE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT CORD MARGIN RESERVED FOR BINDIN

V. S. No. 1

PLACE OF DEATH	01325 STATE OF MARYLAND
County allegassy	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Maconing.	St.: Ward) St.: Ward) A hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED Vidoures Wildowed. OR DIVORCED (Write the word)	16 DATE OF DEATH 7/8/47, 193/
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I refended the deceased from 1920 to Hilly 4 1921, 1921, that I last saw h surgice on Held 1921,
7 AGE If LESS that I day hrs or min.	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry	williger
business, or establishment in which employed or (employer) BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF Edward Surge	(Signed) M. D.
OF FATHER (State or country) 12 MAIDEN NAME (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. Institutions, Trans- ients or Recent Residents) At place of deathyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mrs Matthew Muis	Where was disease contracted, if not at place of death? Former or usual residence.
(Address) Landenning, and	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL B. 15 L
Filed 9/7 1931 2. Our Poplant. Registrar	M. Eichhorn Lonaconing md
If more bianks are needed, address State Registre	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons enadditional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of tircd 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) whatever, write None. business, that fact may be indicated thus; Farmer (ret or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. household only (not paid Housekeepers who receive a ," etc., Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) For persons who have no occupation Automobile factory. The materia (6) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital, fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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"(Inanition," "Marasmus," "Old Age," "Shock,"
"(Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-"Congenital," "Senile," etc.), "Dropsy,"," "Heart failure," "Haemorrhage,

V. S. No. 1

H .	01396
PLACE OF DEATH	STATE OF MARYLAND
County Machine LIMITS OF	CERTIFICATE OF DEATH
Country	(131)
F 151	Registration Dist. No.
Village or City Tros burgho. 156	Macu St.: Ward) a hospital or institu
$Q \downarrow U$.	tion, give its NAME in stead of street and
2FULL NAME CAPOUNE -	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH / Z/
MARRIED, WIDOWED,	Jany Vay 2, 1939
Temale White the world I dae	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
July - 26 1/85	1 fally 7 1924 to Very 2, 1934
(Month) (Day) (Year)	that I last saw h & alive on 2, 1 2, 1997
7 AGE [If LESS than	and that death occurred on the date stated above, at 3 mm.
79 / 7 dayhrs.	The CAUSE OF DEATH * was as follows:
yrsds. ormin.?	of there - home steers
8 OCCUPATION (a) Trade, profession or	
particular kind of work factle curey.	
(b) General nature of industry business, or establishment in	(D)
which employed or (employer)	Olehory a Levelbla Con I hat
9 BIRTHPLACE (State or country)	Contributory Secondary
Cornerser Co Ja	(Duration) yts. mosds.
FATHER OF BOLL BULL BULL BULL BULL BULL BULL BULL	(Signed) KNOVWE M. D.
11 BIRTHPLACE	fer 263 1904 (Address) Frotbug WA
()	
Z (State or country)	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER MATAL ALANT	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER	At place of deathyrsmos,ds, Stateyrsmosds,
(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
THE ABOVE IS TRUE TO THE BEST OF MI KNOWLEDGE	Former or
(Informant) my allessa Statet	usual residence
was Alaston Mod	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) / Juning ou pro-	Valety a 75.184
15 Filed 73 By NAUTH Law A	20 UNDERTAKER ADORESS 729
Registrar	1 / Cens Thosburg
If more blanks are needed, address State Registrat	r, 16 W. Sasaroga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census 2nd American Public Health Association.)

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> stated unless important Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia, "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaenia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; L. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railwoy train—accident; Revolver wound of head—homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was underas fracture of skull, and consequences (e. g., sepsis, American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of peritonaeum, etc., Carcinoma, Sarcoma, etc., of . (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage "" "Weakness," etc., when a definite disease cough; " "Marasmus," "Old Age," "Shock," Chronic :hopneumonia (secondary), etc. valvular heart The contributory disease; of the death

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the bis.

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: ('crabras pinal' fewer (the only definite synonym is "Epidemic cere programment of the same disease.)

Serinal meningitis"; Diphtheria (avoid use of "Croup");

Typhoid fewer (never report "Typhoid Pneumonia");

Labour phenomena, Bronchopneumonia ("Pneumonia");

diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Exhaustion," "Heart range," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uruemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopmcumonia (secondary), (secondary or intercurrent) affection need not be Whooping (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinonu, unqualified, is indefinite); Tuberculosis of lungs, menapproved Examples: Accidental drowning; Struck by railway train American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, interstitial nephrilis, by Committee on cough; Chronic etc. valvular heart disease; Nomenclature of the The Sarcoma,, contributory Mensles; etc., of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent turther correspondence. A lithe dita is essential and must be obtained before the certificate is permanently filed.

31 V.

N. B.--

11 1 0 0	01328
PLACE OF DEATH	STATE OF MARYLAND
County CORPORATE LIMIT	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Aver Villag -	1.c- M1//
Village of City	Ward) (If denth occurred in a hospital or institu- tion, give its NAME in:
2FULL NAME J JUG	tion, give its NAME in stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 2 - 26 -, 193 /-
	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY. That I attended the deceased from
2 26, 1930	
(Month) (Day) /(Year)	that I last saw halive on
7 AGE [If LESS than I day hrs.	and that death occurred on the date stated above, at
yrsmosds. ormin.?	
(a) Trade, profession or	MI all
particular kind of work Touce	The W
(b) General nature of industry business, or establishment in	12
which employed or (employer)	(Duration) yrs, mos ds.
9 BIRTHPLACE (State or country)	Contributory Secondary
TON WING IM-	(Duration) yesds.
FATHER TOMAS ALL WHOMAN ALK	(Speed) M. D.
0) 11 BIRTHPLACE	JUL- 26-18 (Address & Dan Som And
Z (State or country)	*State the Disease Causing Death, or, in double from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
W 12 MAIDEN NAME ,	
of MOTHER al Merwig Dumponus	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or country)	Where were disease contracted
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) James James James Jak	Former or usual residence
St. Walth and Da	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) J. (St. V. J. V. J. J. J.	It // whale Ulm /26, 1931
Filed 26 3/ No Owg May	20 UNDERTAKER
Registrar	J. Nust, Moslong
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tion applies to cach and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (0) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremon, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, laborer, Farm Laborer, Laborer—Coat mine, etc. wom-en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseer," etc., 0 whatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Foremon, (b) Automobile foctory. The material For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day For persons who have no occupation (b) Grocery Wom-

Statement of Cause of Death—Name, first, the DISC EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros: inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,");

> inges, perionaeum, etc., Carcinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature tctanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Exhaustion, "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. stated unless important (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by roilway troin-(Recommendations on statement of cause of death American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, illity" ("Congenital," "Senile," etc.), "Dropsy, haustion," "Heart failure," "Haemorrhage," Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic Example: Measles (disease chopneumonia (secondary), etc. The contributory valvular heart not be disease; of the

Should PHYSICIANS statement xact CIL BINDING M properly FOR stated MARGIN RESERVED may plnods that supplied. terms, plain should be carefully DEATH OF

state certificate. Jo back on instructions important. -WRITE CAUSE mation LION

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or fown where death occurred How long in U.S. if of foreign birth? vrs. mos. ds. (a) Residence: No. If nonresident give city or town and State (Usual place of abode PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE MARRIED, WIDOWED, (Month) 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Days If LESS than to have occurred on the date stated above, at a 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. were as follows: Date of onset 8. Trede, profession, or perticular NO kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc., OCCUPAT 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc 1D. Date deceased last worked at 11. Total time (years)
spent in this this occupation (month and occupation. 12. BIRTHPLACE (city or town (State or country) FATHER 13, NAME 14. BIRTHPLACE (city or town (State or country) Was there an autopsy?____. What test confirmed diagnosis? MOTHER 15. MAIDEN NAME 23. If deeth was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town (Stete or country) Where did injury occur?___ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18, BURIAL, GREMATION. Manner of injury Nature of injury. 24. Was diseese or injury in any way related to occupation of deceased 19. UNDERTAKER (Address) If so, specify

Registra

(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of death an of importance were as follows:	d related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 44	7 1931	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage BUR	EAU V.S.	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of im	portance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

V. S. No. 1

	S	TATE O	F MARY	LAND	CERTIFICA	IE OF DEA	IH = 0.13	330
1. PLACE OF DEATH				9)	PARTE	, (
	County Glascassy WITHIN			CORPORATE L	Registration D	ist. No. 4		
	Village or City	unda	lane	& mo	No. 741 £	aysetts	st.,	Ward
	Length of residence in cit	tv or town where de	ath occurred			or institution, give its NAME. U.S. if of foreign birth?		
1	. FULL NAME	10-1-	シ	1000				
-		nul 1	7	uni.	mom			
	(a) Residence: No	1-4-1-10	(Usual place o	fabode)	St., Ward.	If nonresident gi	ve city or town and	State
a voje al	PERSONAL AN	D STATISTIC	CAL PARTIC	ULARS	MEDIC	AL CERTIFICATE	OF DEATH	
E	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)				21. DATE OF DEA	ATH File (Month)	2 2 (Day)	193 (Year)
5a.	If married, widowed, or divor HUSBAND of (or) WIFE of	rced Ha	upm	an	22 1 HER	EBY CERTIFY	That I attended d	
	NATION PIPER ()		1-11	1056	I last saw have alive	, 1931, to ?	20. TY	death is said
	DATE OF BIRTH (month, day AGE Years	Months	Days	If LESS than		ate stated ebove, at	, AV-F-C	, death is said
	711	.3	11	1 day,hrs.	The PRINCIPAL CAUSE O	OF DEATH and related causes		
Z	8. Trade, profession, or pa	as SPINNER.	X-140	225	were as follows: gcc	ugners of	fort	Date of onset
PATION	SAWYER, BOOKKEE 9. Industry or business in	which	4.152	////				Freh 1
CCUP	work was done, as S SAW MILL, BANK, e	ILK MILL,				***************************************		1931
000	10. Oate deceased last wor this occupetion (mor year)	ked at	11. Total tin	ne (years) t in this pation				
12.	BIRTHPLACE (city or town).	Earcha	mt		Other Contributory Causes	of importance:	1 Malatics	about
~	(State or country)		mo			•		200
HER	13. NAME YOUT	h K	Mon	1				27-
FATHI	14. BIRTHPLACE (city or to (State or country)	wn) 5	land		Name of operation		Oate of	2-
~	15. MAIDEN NAME	antela	Mand	1152		osis?		
E		William !	Field	and a	23. If death was due to exte	ernal causes (VIOLENCE) fill		
Q W	16. BIRTHPLACE (city or to (State er country)	wn)	to a great		Where did injury occur?	cide: Da	ate of Injury	, 19
17.	INFORMANT SON	ah A	auss	nan		(Specify city or to curred In INDUSTRY, in HOM	e, or in PUBLIC PLA	CE.
18.	BURIAL, CREMATION, OR R	EMOVAL	, sur	mit	Manner of injury			
	Place 4755-11	40Clast.	. Oate F7 5	24,1931	Nature of injury			***************************************
19.	UNDERTAKER JOSE	nal	Valfa	nd ,	24. Was diseese or injury in	n any way related to occupat	ion of deceased?	
	(Address)	21)1-	Vitara	- Mosor	If so, specify	Thus -M	Troud	
20.	FILED PLB. 24,1	1951/Jan	vey N.L	Registrar.	(Signed) (Address)	and bus for	ind ne	fM. D.
-					(11001033)	*		**********

If more blanks ary needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I		Example II		
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	MAR 5 1131	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nepl	hritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V.S.	July 5, 1927	Peritonitis	3 days ago	
	Property of the comments of th				
Other contributory ca	nuses of importance:	d'	Other contributory causes of importance:		
Gallstones		May 1,1923	3 Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE	OF	DEATH	

County

ALLEGANY

WITHIN CORPORATE LIMITS (42)

STATE OF MARYLAND CERTIFICATE OF DEATH

ADDRESS

Cumberland. Md

		4			Registration Dist. No.
Vil		CUMBERLA L NAME MAN			MEMORIAL HOSPITAL — Ward) St.: — Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSON	AL AND STATIST	ICAL PARTICU	JLARS	MEDICAL CERTIFICATE OF DEATH
3 5	FEMALE	4 COLOR OR RACE WHITE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word		E Feb. 17.1931 , 192
6 1	DATE OF BIRT	OCTOBER	************************	, 1881 (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1921, to 1921, that I last saw h Malive on 746,
7 /	AGE	49 yrs. 5	mos. 6	If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at 3.50 . Pm.
XON Y	b) General natusiness, or est	of work ture of industry tablishment in d or (employer)	Housew	ork	Contributory Secondary (Duration) yts. mos. de.
TS	10 NAME OF FATHER 11 BIRTHPLA OF FATHE	Abraham F	Hershberge	er	(Signed)
PARENTS	(State or 12 MAIDEN I OF MOTHE	NAME	n Shook		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	OF MOTHE (State or C	ER Mon	rland		ients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
14	(Informant)	Memoria	r of my knowl Hospital		if not at place of deship Former or usual residence. Cresaptown, Maryland.
		ess) Cumbe	erland, Mo		oresaptown. Md Date of Burial Feb. 20.1931

Registrar

20 UNDERTAKER

John.C. Wolford

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a work, or At Home, and children, not gainfully emstate occupation at beginning of illness. If retired from to report specifically the occupations of persons entired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed whatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Civil engineer, Stationary firemon, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Doy (b) Automobile factory. The material (a) the kind of work and also (b) the Salesman, Locomolive engineer, (6)

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, occident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. inges, perilonaeum, etc., Corcinoma, Sareoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on Examples: Accidental drowning; Struck by railwoy trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercausing death), 29 ds.; Bronehopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronie Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; or intercurrent) Example: Measles (disease ," "Coma," "Convulsions, affection need not be etc. The contributory volvular heart Nomenclature disease;

CORD

BINDIN

MARGIN RESERVED FOR

TH UNFADING INK--THIS

ation should be carefully supplied. ACE should be CAUSE OF DEATH in plain terms so that it may be

CIANS should state CAUSE OF DEATH In pla statement of OCCUPATION is very Important.

of information

Every item of CIANS should

Village or City



If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

MEMORIAL HOSPITAL

01332

	8			
	- //	_		
	- Bon-	-		-
,	40		W	 a٦

MEDICAL CERTIFICATE OF DEATH

(If death occurred in a hospital or institustead of street and number.)

GLADYS HOLLEN **2FULL NAME**

CUMBERLAND

	PERSON	AL AN	D STATIST	ICAL PARTIC	CULARS
9 8	EX		R OR RACE	WIDOWED.	DIVORCED
	FEMALE WHI		ITE	OR DIVORC	
3 [DATE OF BIR	тн			
			June	29	, 1889
			(Month)) (Day)	(Year)
		41 ,	yrs. 7	mos. 3	If LESS than I day hrs. or min.?
3	(a) Trade, profession or Clerk particular kind of work				
(b) General nature of industry business, or establishment in which employed or (employer)					
O BIRTHPLACE (State or country) WEST VIRGINIA					
	10 NAME OF J. D. HOLLEN				
SIZ	(State or country) 12 MaiDEN NAME OF MOTHER JENNIE NESTOR				
LAKE				}	
	13 BIRTHPL OF MOTH (State or		WEST	VIRGINI/	
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE					
	(Informant)	ME	MORIAL	HOSPITAL	
	(Addr	ess)	CUMBER	LAND MD	
5	Filed	6.13	1921. 47	mey &	Weis, Registrar

Febru	ary	12	1931
		(Day)	
17 I HEREBY CERTIF			
July 2 192	1. to J	12	, 192/,
hat I last saw ha alive o	n Jul	12	192
and that death occurred on th	o dato sta	ted above, at	3.10 Lm.
The CAUSE OF DEATH * Was	011		0 7
show go	//	99	working.
for infect		ofefre	chon
Folglesny 12th 1931	see other	2 side for	nate frame
Dr. a. H. Hawkins C.			nosds.
Contributory Throu	rof-	hypetire	ctones
Secondary JE . 2 -	3-3/	yrs	
Signed) AST How	1.0	0	
6 11 91	1	0	/ "
7-12-193/ (Addres	The state of the s		
*State the Disease Conviolent Causes, state (1) Accidental, Suicidal or Homicidal	Means of	Injury and (2	aths from) Whether
8 LENGTH OF RESIDENCE	(For Ho	spitals, Institu	tions, Trans-
	In	the	
At place of death yrs. mos. 10d		State yrs	
Where was disease contracted, f not at place of death?	520 H	olland S	, J.
former or 520 Holi	lend S	t., Cumb	. Md.
9 PLACE OF BURIAL OR REI	MOVAL	DATE OF	BURIAL
Lena alta	710	Feb.	5, 1931.
O UNDERTAKER	10	ADDRESS	11
Ollros delece	ikle	4 Bla	ulto

V. S. No. 1

small bowel was fulled out, 18 inches of which was stripped of mesentary. Positorities and surgeon obstruction staneted. curetad note. 36 hours previous to this ope [with plete abortion. le hysterectory, another

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH work, or At Home, and children, not gainfully emshould be used only when needed. As examples: (a) to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; it household only (not paid Housekeepers who receive a (a) Foreman, (b) Automobile factory. The material nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL scplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all stated unless important. Example: Measles (disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Whooping cough; Chronic valvular heart disease; unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY etc. The contributory

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01333		
1. PLACE OF DEATH	and LIMITS		
County allegung : WITH	N CORPORATE LIMITS Registration Dist. No.		
Village or City Constant	No. Clare of the No. St., Ward death occurred in a hospity or institution, we its NAME instead of street and number)		
Length of residence in city or town where deeth occurred			
2. FULL NAME Henry C. Laises			
(a) Residence: No. 214 Emily St.	St., 5. Ward.		
(Usual place of a Vode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH		
PERSONAL AND STATISTICAL PARTICULARS 1. COLOR OR PACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH		
Male (of the OR DIVORCED (write the word)	(Month) (Day) (Year)		
5e. If married, widowed, or divorced			
(or) WIFE of mas & Nickel Criser	7 L 22 1931 to Feb 24 1931		
6. DATE OF BIRTH (month, day, and years 9 1857	I lest saw h. im elive on Feh 2 t 193/; death is seid		
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the dete stated ebove, atm.		
/8 4 /3 ormin.	The PRINCIPAL CAUSE OF DEATH end releted causes of Importance were as follows:		
8. Trede, profession, or particular kind of work done, as SPINNER, Carfentia. SAWYER, BOOKKEPER, etc.	Cerebra hemorrange 2-22-3/		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceesed last worked at this occupation (month and			
10. Date decessed last worked at this occupation (month and year) 11. Total time (years) spant in this occupation			
12. BIRTHPLACE (city or town)	Other Contributory Causes of importence:		
(State or country)			
13. NAME Malen Know			
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation. More Dete of		
15. MAIDEN NAME Comelia Hultre	23. If deeth was due to externel causes (VIOLENCE) fill in also the following:		
15. MAIDEN NAME 15. MAIDEN NAM	Accident, suicide, or homlcide?		
17. INFORMANT Charles Cargo. (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL Place St Stury - Penloate 7/27, 1931	Menner of Injury		
19. UNDERTAKER String String President (Address)	24. Wes disease or injury in eny wey related to occupetion of deceesed?		
20. FILED J. el. 26, 1931. Harvey H. Weiss. Registrat.	(Signed) C Munusmus M. D. (Address) 11 05 Grane St.		
TC 11 () 11 11 C. P.:	NO 4 CONTRACTOR		

04000

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

cample I		Example II		
th and related causes ows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
MAD K 1007	1915	Attack of epilepsy	1 week ogo	
1001	1921	Run over by street cor	1 week ago	
BUREAU V.	July5,1927	Peritonitis	3 doys ago	
of importance:		Other contributory causes of importance:		
	May 1,1923	Gastrocnteritis	1 year	
	th and related causes ws:	th and related causes Date of onset ows: 1915 1921 1927 of importance:	The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street cor Peritonitis Other contributory causes of importance:	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

S. No. 1

	01334
PLACE OF DEATH	STATE OF MARYLAND
County All My	CERTIFICATE OF DEATH
WITHIN CORPORATE LIMITS	Registration Dist. No.
2FULL NAME Sadore Temp	Ward) (If death occurred in a hospital or institution, give its NAME listend of number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married, Married, Wildowed, OR DIVORCED (Write the word)	Tolruan (Month) V (Day) 1931 (Year)
\$ DATE OF BIRTH 3 , 1876	I HEREBY CERTIFY, That I attended the deceased from
7 AGE (Month) (Day) (Year)	and that death occurred on the date stated above, at 4:304m.
1 dayhrs.	The CAUSE OF DEATH * was as follows:
yrads. ormin.? B OCCUPATION (a) Trade, profession or particular kind of work	Carcinona of larypp
(b) General nature of industry business, or establishment in which employed or (employer) to bassay Salesman	(Duration) yrs. // mosde.
9 BIRTHPLACE (State or country) Hartfard Com	Contributory Secondary (Durstion) yrs mos. ds.
10 NAME OF FATHER Nathern Temper	(Signed) hysle & What M. B. Illy I 1923 (Address) Cimberland M.S.
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Meana of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Don't Know	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or Country) Hartful Com	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of deah?
(Informant) Mrs Bertie Kempner	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Addresa) 127 Harrover St City	Pose HillCente Feb 7. 1931
15 Filed Teh. 6, 1920 1. Hawy H. Weis	20 UNDERTAKER Settles Campuland
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. Architect, Locomotive engineer, But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

approved by Committee on Nomenclature of the atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, etc. The contributory Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valvular heart disease; not be

N. B.—Every item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on hack of certificate. CORD MARGIN RESERVED FOR BINDIN TTH UNFADING INK--THIS IS A PERMAN WRITE PL

V. S. No. 1

1PLACE OF DEATH	01335 STATE OF MARYLAND
County Clegatith CORPORATE LIMITS OF	GERTIFICATE OF DEATH
9 11	Registration Dist. No.
Village or City Frostburg (No. 39 &	Ward) St.: Ward) Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH FW 15, 1951
6 DATE OF BIRTH Sept 9, 1855 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1925/. to 1923/, that / I last saw h Lalive on 1923/.
7 AGE 7 Jyrs. 5 mos. 6de. or min.	and that death occurred on the date stated above, at 3 40 m.
8 OCCUPATION (a) Trade, profession or particular kind of work	Chronic endocarditis
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs, mos. ds,
9 BIRTHPLACE (State or country) Plursylvania	Contributory Secondary (Dysation)
10 NAME OF Francis Truyder	(Signed) M.D.
OF FATHER (State or country)	*State the Disease Causing Death, or, in cleaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Elina Bashear	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country) Grandly	ients or Recent Residents) At place In the of death yrs mos ds. Where was disease contracted,
(Informant) Vera Kinnison	if not at place of death? Former or usual residence
(Address) trothing md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 2/17, 193/
Filed /16 192) DIOM and H	20 UNDERTAKER Hafer Frostburg Ma
If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Balto. Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken er," etc., without more process. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, whatever, write None. household only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman, (b) For persons who have no occupation Stationary fireman, etc. But in many Grocery,

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diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, accident; Revolver wound of head-homicide; Poisoned by "(Exhaustion," "Heart failure," "Haemorrnage, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. chopneumonia (secondary) (secondary or intercurrent) Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY cough; Committee on Nomenclature of the Chronic etc. The affection need not be valvular heart disease; contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH

County I.I.EGENY



01336

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

das.			
Village or	City	CUMBERLAND, MDC	No. MEMORIAL HOSPITAL

6- Ward)

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

ELSIE KIRBY ²FULL NAME

	PERSO	NAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	FEMALE	4 COLOR OR RACE WHITE	5 SINGLE, MARRIED, MARRIED WIDOWED, MARRIED OR DIVORCED (Write the word)	16 DATE OF DEATH FEB. 16, 1931 , 192
6	DATE OF BIR	MAY,20, I	895, 1	17 I HEREBY CERTIFY, That I attended the deceased from
8	OCCUPATION a) Trade, pr		mos. ds. lf LESS than l day hrs. or min.?	and that doath occurred on the date stated above, at 3.30m. The CAUSE OF DEATH * was as follows: A.M.
-	b) General n usiness, or e which employ	nd of work HOUS nature of industry establishment in yed or (employer)	E-WIFE	Contributory (College See See See See See See See See See
9	(State or co	vintry) VIRGINI	Α	Secondary (Durston) Tes mos 4 de.
ENTS	FATHER 11 BIRTHPI OF FATH (State o	THOMAS C	LEM	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PARE	12 MAIDEN OF MOTI 13 BIRTHP OF MOTI	HER LACE	BREEDLOVE	Accidental, Suicidal of Romeidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the State yrs mos ds.
14		r Country) VIRGI IS TRUE TO THE BEST MEMORIAL	OF MY KNOWLEDGE	Where was disease contracted FMORIAI HOSP if not at place of death? MEMORIAI HOSP Former or usual residence. KITZMILLER MD. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	(Add	CUMBER 4. 16, 1921, H	LAND, MD. Lyvey H. Veriss Registrar	Eligarlen Co Call 19, 1931 20 UNDERTAKER Charles Blance War

N. B.

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

DR • SNYDER

(Approved by U. S. Census and American Public Health Association.)

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

needed, addre. s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. ho. 1.

10.6.13.12

(If death occurred in

DATE OF BURIAL

(Approved by U. S. Census and American Fublic Health Association.)

work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g. Farmer or Planler, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed (a) Foreman, report specifically the occupations of persons en-For many occupations a single word or term on without more precise specification as Day (b) Automobile factory. The materia (b) Grocery;

Statement of Cause of Death—Name, first, the DISLEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrosinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid Jever (never report "Typheid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, (secondar/ or intercurrent) affection need not be st_ted unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "E:haustion," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"E:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid - probably suicide. The n-ture of the injury, actident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, State cause for which surgical operation was under-Whooping cough; (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY (name origin; "Cancer" is less definite; avoid Chronic valvular heart disease; nephritis, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD MARGIN RESERVED FOR BINDING ITH UNFADING INK--THIS IS A PERMAN WRITE PL

V. S. No. 1

	County ALLECENY WITHIN CORPOR	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 4
Vil	2FULL NAME MARY LAUGHERY	
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 S	EX 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED. OR OIVORCED (Write the word)	16 DATE OF DEATH FEB. 15, 1931 , 192 , (Year)
6 [JUNE, 19, 1877 , 1	17 I HEREBY CERTIFY, That I attended the deceased from 2 - 12-193/. to 2 - 15 - 1923/
7 A	(Month) (Day) (Year) GE If LESS than 1 day hrs. 1	The CAUSE OF DEATH * was as follows:
W (1	Articular kind of work HOUSE WIFE b) General nature of industry usiness, or establishment in hich employed or (employer) WEST VIRGINIA	(Durstion) yis mos ds Contributory Secondary (Dufstion) yis mos de
	10 NAME OF FATHER JEFF COZAD	(Signed) Fra X. Delevil M. D. 2-16 1921 (Address) General de M. D.
ENTS	OF FATHER (State or country) WEST VIRGINIA	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Aecidental, Suicidal or Homicidal.
PAR	OF MOTHER MARGARET HELMS	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
-	OF MOTHER (State or Country) WEST VIRGINIA	At place of death
14 1	(Informant) MEMORIAL HOSPITAL (Address) CUMBERLAND, MD.	Where was disease contracted, MEMORIAL HOSPITAL if not at place of death? MEMORIAL HOSPITAL Former or INDEPENDENCE, W. VA. 19 PLACE OF BURIAL OR REMOVAL 20 UNDEBTAKER AGORESS
	Registrar	Touis Stew ous cumbulants, 16 W. Saratoga St., Balto,, Requesting V. S. No. 1.
	it more blanks are needed, addrats State Registrar	, 10 W. Saratoga St., Baito., Requesting V. S. No. 1.

DR.WILLIAMS

(Approved by U. S. Census and American Public Health Association.)

er," etc., wir-laborer, laborer, laborer, are whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Physician, Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). without more precise specification as Day Compositor, For persons who have no occupation (b) Automobile factory. Laborer-Coal mine, etc. Wom-Architect, Salesman, (b) Locomotive engineer, The materia Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease approved by as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. diseases atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) can be ascertained as the cause. ". Inanition, " "Marasmus, " "Old Age, " "Shock," "Exhaustion, "Debility" ("Congenital," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage cough; 'Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage, Committee on Chronic etc. The contributory valvular heart Nomenclature Always qualify al disease;

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4	County	· · · · · · · · · · · · · · · · · · ·			(10)	CERTIFICA	TE OF DEATH
7.0		ORATE LIMITS				, 1	on Dist. No.
ECORD EXACT rly classi		Cumberland L NAME Gus				≈6-1Wa	rd) (If death occurred in a hospital or institution, give its NAME in stead of street an number.)
atec	PERSON	IAL AND STATIST	ICAL PARTICU	LARS	MEDI	CAL CERTIFICAT	E OF DEATH
NG N	3 SEX FEMALE	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	MARRIE.	16 DATE OF DEATH	Feb. 6	.1931 , 192
RMA RMA May may	6 DATE OF BIR		(Write the word)		b		(Day) (Year) attended the deceased from
SE PE		Feb. 7	1894	7			, 192
		(Month)	(Day)	(Year)			, 192
ED FOR HIS IS A Miled. ACE ms so than nestruction	7 AGE					urred on the date sta	
THIS philed	•••	37 yrs		I day hrs.	The CAUSE OF DEA	Tar was as follows:	moria
H 5 2 2	8 OCCUPATION (a) Trade, pro	ofession or House	wife		avoncos 2000 1800 1800 1800 1800 1800 1800 1800	2.5	
	particular kine	d of work 11005	WIIG	************************	'		** ** *, ******************************
G of an part of an par	business, or es	tablishment in			000000000000000000000000000000000000000	(Daration)	
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NFADIN be car	(State or cou	ntry)	Wva		Secondary	(Durstion)	yrs mos J d
MAH H UNI hould OF D	FATHER	Jacob. H	Bolyard		(Signed)	81 (Address) Cu	her land h
ation short	OF FATHI	ER	Wva			Disease Causing Deastate (1) Means of	th, or, in deaths from Injury and (2) Whether
> = 4	M 12 MAIDEN OF MOTH	L'ONON !	liason				spitals, Institutions, Trans
Inform state ccup	13 BIRTHPL OF MOTH (State or	ER	Wva		At place of deathyrsyrs	ln :	the State yrs
of to		S TRUE TO THE BEST	OF MY KNOWLE	DGE	Where was disease cor if not at place of de-	ntracted. Naus	wa Pack, M
WRITE F	(Informant)	Clayton. I			Former or usual residence	hanow /	ack, ond.
WRITE Every Item CIANS sho statement	(Addre	Cumberlar	id. "d; Rou	t e One	Grafton		Feb.9.1931
m 0 @	15 Filed 12 b	· 11, 1931. Ha	svey HU	Suss	20 UNDERTAKER John.C.Wo	olford Cuml	ADDRESS Orland. Md

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

definite salary, may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Civil engineer, tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a laborer, Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed " etc., without more process and mine, etc. Womborer, Farm laborer, Laborer—Coal mine, etc. Womborer, for the For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neceswithout more precise specification as Day Compositor, mpositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many For persons who have no occupation The ques-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) approved (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, by Committee on Nomenclature cough; or intercurrent) affection need not be Chronic etc. valvular heart disease; The contributory Measles;

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be carefully supplied. ACE should be stated EXACTLY, P EATH in plain terms so that it may be properly classified. CORD of certificate BINDING See instructions on back TH UNFADING INK-THIS MARGIN RESERVED ATION is very important. Should I Every Item of inform CIANS should state statement of OCCUP. WRITE PL

PLACE	OF	DEATH
ILACE	· ·	PERM

County Allegany

WITHIN CORPORATE LIMITS

Village or City Cumberland. Md (No. Pine, Ave



01340 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

S Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 4 COLOR OR RACE 3 SEX MARRIED, WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH Nov 22. (Month) (Day) (Year) If LESS than 7 AGE I day hrs. 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE Pa (State or country) 10 NAME OF William. Steveson 11 BIRTHPLACE Scotland ARENTS OF FATHER (State or country) 12 MAIDEN NAME Mary Morris OF MOTHER 13 BIRTHPLACE Scotland OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address)

MEDICAL C	ERTIFICAT	E OF DEATH	40.7
16 DATE OF DEATH	Feb.	7. 1931,	192
	(Month)	(Day)	(Year)
17 I HEREBY CERT	on 7	attended the de 7eb. 6	ceased from, 192/,
and that death occurred or The CAUSE OF DEATH *			I Pm m
Contributory Secondary (Signed)	(Duration)	yra from	
*State the Disease Violent Causes, etate (1 Accidental, Suicidal or Hon	Causing Dea) Means of nicidal.	th, or, in dea Injury and (2)	ths from Whether
18 LENGTH OF RESIDEN		spitals, Institut	ions, Trans-
At place of deathyrsmos		the Stateyrs	mosds.
Where was disease contracted, if not at place of death?	000000000000000000000000000000000000000	*******************************	***************************************
Former or usual residence	******		
19 PLACE OF BURIAL OR Vale. Summett		o. 9th 19	BURIAL 31
20 UNDERTAKER		ADDRESS	
· John.C.Wolf	ord Cu	mberland	• Md

If more bienks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Inal meningitis"); Diphtheria (avoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

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STATE OF MARYLAND CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

Registration Dist. No.

laward)	a hosnital	occurred in or institu- s NAME in- street and
RTIFICATE C	OF DEATH	
Feb -	21-	1931-
(Month)	(Day)	(Year)
		ceased from
on Fe	1-20	, 198.1.
the date stated s as follows:	above, at	20 9 m.
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css) / Fe	valter	19 m. D.
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em em	DATE OF	BURIAL 4. 193/
	(Month) FY, That I apply on He the date stated as as follows: Causing Means of In cidal. E (For Hospite)	RTIFICATE OF DEATH Fell _ Q

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

twork, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to cach and every person, irrespective of Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dcalworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-Housemaid, etc. If the occupation has been changed c," etc., Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, without more precise specification as Day For persons who have no occupation Laborer-Coal mine, etc. Wom-Salesman, (b) Grocery;

Statement of Cause of Death—Name, first, the bisease causing death (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospiral fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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PLACE OF DEATH

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[If LESS that

Registrar

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration D	Pist. No.
Que 3. Ward)	(If death occurred in a hospital or institu- tion, give its NAME ir- stead of street and number.)

	The state of the s
ARS	MEDICAL CERTIFICATE OF DEATH
nge, 1926	(Month) (Day) (Year) (Year) (192 / 1
(Year) If LESS than I dayhrs. ormin.?	and the death occurred on the date stated above, at
	(Duration) yrs. mos. / ds. Contributory Secondary
ws.	(Signed) Charless) Lally SM. D.
7770	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
w.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OGE	At place of death yrs mos ds. In the State yrs mos ds. Where was disesse contracted, if not at place of death?
Weiss.	19 PLACE OF BURIAL OR REMOVALY DATE OF BURIAL LINGS ADDRESS ADDRESS

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the Physician, Compositor, Architect, Locomotive engineer, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. " etc., Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation -Coul mine, etc. Wom-(6)

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaenia" (merely symptomcausing death), 29 ds.; L. stated unless important Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Mcasles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. (secondary or intercurrent) approved carbolic acid - probably suicide. The nature of the injury, American Medical Association. (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi FOR VIOLENT DEATHS State MEANS OF INJURY by Committee on cough; Chronic Example: Measles (disease chopneumonia (secondary), affection need etc. The contributory valvular Nomenclature Always qualify all heart not be disease;

It this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

WAR 5

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD PERMA. 'ITH UNFADING INK--THIS IS A WRITE PL

BINDIN

MARGIN RESERVED FOR

V. S. No. 1

PLACE OF DEATH County Allgany	STATE OF MARYLAND
County County	
	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Exhart (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME in
2FULL NAME Emanuel L	nnen blogger stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH
// / WIDOWED	1-et 8, 102/
Male white OR DIVORCED (Write the word)	(Month) (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended the deceased from
Fet 6 1931	1-ef 6 192/. to 1-et 8 ,198/
(Month) (Day) (Year)	that I last saw hemalive on Fel 8 , 198
7 AGE [If LESS tha	n and that death occurred on the date stated above, at 2,300 m.
/ I day hrs	s. The CAUSE OF DEATH * was as follows:
yrsmosds. ormin.	Consulsions protably
8 OCCUPATION (a) Trade, profession or	due to sternaturtly
particular kind of work	
(b) General nature of industry business, or establishment in	······································
which employed or (employer)	(Duration) yrs, mos ds.
9 BIRTHPLACE (State or country) 9 f f f f f	Contributory Secondary
10 NAME OF	(Duration) yrs mos ds
FATHER NAM	(Signed) M. D.
11 BIRTHPLACE	Tel 9 1927 (Address) Front Here Ma
of FATHER	*State the Disease Causing Death, or, in meaths from
Z (State or country) CM TAM MM 12 MAIDEN NAME	*State the Disease Causing Death, of, in feaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Eva M Poster	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER (State or country) Ech Lart md	At place of deathyrsmosds, Stateyrsmosds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
14 THE ABOVE IS TRUE TO THE BEST OF MIT KNOWLEDGE	Former or
(Informant) Vom Kinnenbrogger	usual residence
all & Had	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Copphart thy owy 9, 1921
15 Filed 9 30 NOW Jan A	20 UNDERTAKER - ADDRESS
Registrar	Ylone
	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Mila. J.

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from nature of the business or industry, and therefore an tion applies to cach and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, er," etc., Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, worked on may form part of the second statement. Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer, (b) Automobile factory. The material (a) the kind of work and also (b) the Salesman, (b) Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospina fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup") Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasums,
"Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important (secondary Whooping use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., scpsis, Examples: Accidental drowning; Struck by railway trainunqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved Recommendations on statement of cause of death FOR VIOLENT DEATHS State MEANS OF INJURY Never report mere symptoms or terminal condiinterstitial nephritis, by Committee on Nomenclature cough; or intercurrent) affection need Chronic valvular heart Example: Measles (disease chopneumonia (secondary) etc. Always qualify all The contributory not be disease;

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			UIOTT
x	SI-	PLACE OF DEATH	STATE OF MARYLAND
X	Exa	a Allegania	
(1)	ā . \	County Mayling	CERTIFICATE OF DEATH
	× 0		Registration Dist. No.
M) a	Fig	Village or City Ech Lar (No.	St.: Ward) (If death occurred in
ORD	olas cate.		tion, give its NAME in-
Ö	K S	2FULL NAME Garry & in	nendragger stead of street and number.)
	rtit		
+	tated	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
100	000	3 SEX 1 1 14 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH
Z	o p	be determined white OR DIVORCED	192 J
INDIN	buld may n bag	(Write the word)	(Month) (Day) (Year)
E E	0 + 0	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
B	E su ne	J-et 6, 193/	1924. to
A A	thai	(Month) (Day) (Year)	that I last saw h alive on 111 le 192/,
F	00	7 AGE [If LESS than	and that death occurred on the date stated above, at
O S	ied. 18 80 stru	l day hrs. yrs. mos. ds. or /3 min.?	The CAUSE OF DEATH * was as follows:
/ED	erm e Ing	B OCCUPATION	Successful Distriction
ERV VK1	See	(a) Trade, profession or particular kind of work	Jana Belt
SEF	a <	(b) General nature of industry	of development of afternal
7.1	ant.	business, or establishment in	(Duration) yrs. mos. ds.
Z	aref H In orta	which employed or (employer)	Contributory
MARGIN	ATH mpo	9 BIRTHPLACE (State or country)	Secondary
R F	Z E	1 10 NAME OF	(Duration) yrs
45	Lu F 6	FATHER Melling Non-actions	(Signed) M. D.
Į	E O	U 11 BIRTHPLACE	tef 6 192/(Address). I That Typing Mg
=	_ OZ	State or country) Lat hart my	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
- 0	CAU	C 12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
7	- 4	of MOTHER Eva molocler	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
Z	inform state CCUP	13 BIRTHPLACE	ients or Recent Residents) At place In the
		(State or country) and Kart ma	of deathyrsmosds. Stateyrsmosds.
۵	of o	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
E	193 193		Former or usual residence.
WRITI	ite ner	(Informant) mc pennyangger	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
≥	ANS	(Address) Fethal Md	Corplant lot
-	Every item CIANS sho statement	7/6 > 18/10/01/2	20 UNDERTAKER NONE MODRESS
No.	1	Filed 761921 AMUN Jan A	0
00 (T	-	Registrar	Burned by father Kolkhart
> (/2	If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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N. B

PLACE OF DEATH Outside Con County allegheny	STATE OF MARYLAND GERTIFICATE OF DEATH
Y	Registration Dist. No.
Village or City Frost burg (No. //	St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
FOLL NAME	adillott,
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR MACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 192
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h Analive on 3el 8 1, 1984.
7 AGE HHyrs. 9' mos. // ds. or min.?	and that death occurred on the date stated above, at
s occupation (a) Trade, profession or particular kind of work	Pulmbuory Edema
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory My ocarditis de.
9 BIRTHPLACE (State or country) Traffic Mul	Secondary (Duration) yra da,
FATHER PELLY PLAY	Signed 193/ (Address) The long my
Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Mangaret varis	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Wolfe .	At place Myrs mos ds. In the Myrs mos ds. Where was disesse contracted, At place of death mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Wm Twyd?	usual residence
(Address) Frostling ryg.	allegany Cemeter Fet 11, 1,31
Filed # 1921 A MOM Lang A	Jacob Vager Frestingud
If more bianks are needed, address State Registrar	18 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

.ployed, as At school, or At home. Care should be taken should be used only when needed. As examples: (a) the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enen at home, who are engaged in the duties of the er," etc., without more precise specification as Day whatever, write None. laborer, Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary fireman, etc. But in many """Deal-

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classified. CORD properly classof certificate pe that it may terms so supplied. in terms s TH UNFADING INK--THIS MARGIN RESERVED be caretuny s Should SE OF DI state CCUP/ CIANS should statement of OC WRITE

of

ee instructions on back

important

PARENTS

3 SEX

7 AGE

PLACE OF DEATH

WITHIN CORPORATE LIMITS

Village or City

6 DATE OF BIRTH

8 OCCUPATION

9 BIRTHPLACE

(State or country)

10 NAME OF FATHER

11 BIRTHPLACE

OF FATHER

13 BIRTHPLACE OF MOTHER

(Informant)

(State or country) 12 MAIDEN NAME

(State or Country)

(Address)

(b) General nature of industry business, or establishment in which employed or (employer)

Geo

of MOTHER Theresa

01346

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

	1
St.:	Ward
	AA SLO

MEDICAL CERTIFICATE OF DEATH

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

2FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

(Month)

Md

Germany

Fletchinger

Long

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(a) Trade, profession or particular kind of work Tobacco Salesman

WIDOWED.
OR DIVORCED
(Write the word)

(Day)

Cumberland.

4 COLOR OR RACE

(Year) If LESS than I day hre

16 DATE OF DEATH	Feb	. 10	1931	192
) //	(Day) /4	3/ (Year)
	ERTIFY, Tha		ded the de	ceased from
Dec /21-	1920 . to	#2	6- 100	198/
that I last saw h Macs	alive on	Fr	1-10th	, 198/
and that death occurred	on the date	stated ab	ove. at	.05.Fm
The CAUSE OF DEATH	* was as follo	DWs:		
Mesone	2 Sma	vear	lills	
***************************************) m m m m m m m m m m m m m m m m m m m	/	***********	
	(Durstion)	yrsm	10sds.
Contributory Secondary	*******************		00 dv. dv. 0 - 0 4 00 40 dv0 0	***************************************
(Signed) 2.	7. Whel	7	утат	de,
(Signed) 2 / // 1928/ ((Address)	unoba	- med	*
*State the Disea Violent Causes, state Accidental, Suicidal or	co Canaina	Donth o	e in dos	the from
18 LENGTH OF RESIL		Hospitals	, Instituti	ions, Trans-
At place of deathyrsmos.	ds.	In the State	yrs	.mosds,
Where was disease contract if not at place of death?	ed,			
Former or usual residence		44 · · · · · · · · · · · · · · · · · ·		
19 PLACE OF BURIAL C	Paul	En.		BURIAL 1)1 , 19
20 UNDERTAKER		1	DDRESS	

Cumberland. ..d

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

John. C. Wolford

S. No.

(Approved by U. S. Census and American Public Health Association.)

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WRITE I	(Informant) (Address)
V. S. No. 1	Filed 726

PLACE OF DEATH	STATE OF MARYLAND
County Cleganywain CORPORATE LIMITS O	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City tracting (No. homers	Vachetal St.: Ward) (If death occurred in a hospital or institution, give its NAME is stead of street and
2FULL NAME agnes songradg	e me farlane number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
June white Single, undourd WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH February 23 d, 193/ (Month) (Day) (Year)
Date of Birth July 4th, 1844	17 I HEREBY CERTIFY, That I attended the deceased from 18/ to 18/ 23 14, 13/ that I last saw here alive on Left 23 14, 13/
(Menth) (Day) (Year)	L/UMD
I day_hrs.	
80 yrs. 1 mos. 19 ds. or min.?	Supported fracture of neck
8 OCCUPATION (a) Trade, profession or	of left famur & orterio
particular kind of work (b) General nature of industry	selection
business, or establishment in	(Duration)yrsmosds.
which employed or (employer)	Contributory Wagnie Como
(State or country)	Secondary (Durstion) yrs mos ds.
10 NAME OF A 4 9 9	(Signed) M. J. Me Drunatt M. D.
FATHER Robert J. Lougridge	Ich 24 31 (Address) midland hus
OF FATHER (State or country) Sulaud	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER margaret me Careley	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of death yrs mos ds. State yrs ds.
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, Madland Md
The sand Tue Year are	Former or usual residence.
(Informant) Suprimes are full suc	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) / Midland - manfound	Laurel Hill Tet. 26th, 1931
Filed 726 1931 MISM Come & Registrar	Lacor Hafer Frosting his
If more bianks are needed, addre.s tate Registra	r/16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e. g., Former or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enwork, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a er," etc., Foreman, (b) Automobile foctory. The material For many occupations a single word or term on especially in industrial employments, it is necesyrs). Form laborer, Loborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation Stationary firemon, etc. But in many Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart range," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Traemia," "Weakness," etc., when a definite disease stated unless important. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; Chronic valvular heart disease; Chronic interstitiol nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railwoy trainand qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY (secondary or intercurrent) affection need not be (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi Never report mere symptoms or terminal condi-Example: Measles (disease

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N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of initialmation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-MARGIN RESERVED FOR BINDING CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 01348
1. PLACE OF DEATH	- OBATE LIMITO
County allegant	HIN CORPORATE LIMITS Registration Dist. No.
Village or City Alekselful Auch	No. 76.3 Mard death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs,mos.	
2. FULL NAME Mary & The Har	der_
(a) Residence: No. 763 Md are	#6-/ Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX. 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word)	21. DATE OF DEATH (Month) (Day) (Teer)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Open Canada. A Mc Hand	22 I HEREBY CERTIFY, That I attended deceased from
	1921, 1931, to 1121, 1931.
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Deys If LESS than	I last saw h. 2. alive on
1 day,his.	to heve occurred on the date stated above, at / F.U.C. The PRINCIPAL CAUSE OF DEATH and related causes of importence
2 Trade profession or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Brondes. Jusumos v. noti23
skind of work done, as SPINNER, SAWYER, BDDKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	1981!
10. Date deceased last worked at this occupation (month and spent in this occupation occupation	
	Other Contributory Canses of Importance:
12. BIRTHPLACE (city or town) (State or country)	Parameter test
13. NAME Thomas K	Osis ast.
13. NAME Strong 14. BIRTHPLACE (city or town)	Neme of operation Date of
(State or country) Oaltimore Ms.	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Mary S. Morks.	23. If death was due to external causes (VIDLENCE) fill In also the following:
15. MAIDEN NAME Wary S. Monles. 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where dld injury occur? (Specify city or town, county and State)
17. INFORMANT Wexamber & Mestardey (Address) 763 and 1 we	Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Date T. Date T. D. 19 0.1	Nature of injury
19. UNDERTAKER Truis Haw Luc	24. Was disease or injury in any way related to occupation of deceased?
(Address)	If so, specify fulls out by Seemes
20. FILED FILE - 1, 1921: Haway H. Welse. Registrar.	(Signed) M. D. (Address) Reubs Lauf, M. d.
If more blanks are needed, address State Registrar	2417 N. Charles Street, Baltimore, Requesting 91 S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of dcath.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF DEATH	()1349 STATE OF MARYLAND CERTIFICATE OF DEATH
County	Registration Dist, No.
Village or City Dawing (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 7 7 , 193 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw bem alive on 1921,
7 AGE Solvers. Mos. Mos. or min.?	and that death occurred on the days stated above, at
(a) Trade, profession or particular kind of work (b) General nature of industry	Goralyse's
business, or establishment in which employed or (employer)	(Duration) mos ds.
9 BIRTHPLACE (State or country)	Contributory Secondary Contributory Secondary Contributory Secondary Contributory Secondary
10 NAME OF John Mi= Gulosh	(Signed) (Address) Jelyper M.D.
11 BIRTHPKACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER DOUT Thou	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Richard M- Julian	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Cumperland wo	Burlington W. Va FAch 2. 1931
Filed F 19 2 192 (The Registrar	If Markwood Son Kyzer Wa
If more branks are needed, address State Registrate	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, laborer, Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed; as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on yrs). Farm laborer, (b) Cotton mill; (a) Salesman, without more precise specification as Day (b) For persons who have no occupation Automobile factory. The material Laborer--Coal minc, etc. 6 Grocery; Woin-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, "PUERPERAL septicacmia," "PUERPERAL peritonitis, (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage," American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Whooping "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic valvular heart disease etc. The contributory

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ACE

WRITE PI

No. 1

of

PHYSI-PLACE OF DEATH stated EXACTLY, is properly classified of certificate. Village or City ²FULL NAME PERSONAL AND STATISTICAL PARTICULARS S SINGLE 3 SEX 4 COLOR OR RACE MARRIED. should be be it may be on back WIDOWED. (Write the word) 6 DATE OF BIRTH that it See instructions (Day) (Year) (Month) If LESS than 7 AGE l day hrs supplied terms BOCCUPATION
(a) Trade, profession or particular kind of work be carefully EATH in plair EATH in pla (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Very 10 NAME OF ation should CAUSE OF D FATHER 0) 11 BIRTHPLACE PARENTS OF FATHER MOITA of information (State or country) 12 MAIDEN NAME OF MOTHER Every item of inform CIANS should state statement of OCCUP? 13 BIRTHPLACE OF MOTHER (State or Country) (Informant)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward)

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH 26. 246	, 198 /
(Month)	(Day)(Year)
17 I HEREBY CERTIFY, That I at	
	245 , 198/
that I last saw het suffice on Tel.	24 5 1922/
and that death occurred on the date state	
The CAUSE OF DEATH * was as follows:	
Sportanens alm	ka
(5)	
(Duration)	yrsdo
ContributorySecondary	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
(Quration)	yrsmosd
(Signed) M. An corru	ust M. D
2/24 (1931 (Address) mus	llandud
*State the Disesse Causing Death Violent Causes, state (1) Means of I Accidental, Suicidal or Homicidal.	, or, in deaths from niury and (2) Whether
1B LENGTH OF RESIDENCE (For Hospients or Recent Residents)	itals, Institutions, Trans
At place In th	
	ateyrsmosd
Where was disease contracted, if not at place of death?	
Former or usual residence	***************************************
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
	, 19
20 UNDERTAKER	ADDRESS

min.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., without more precise specification as Laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-(a) Foreman, Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is necesyrs). For persons who have no occupation mpositor, Architect, Locomotive engineer, Stationary freman, etc. But in many (b) Automobile factory. The material Grocery;

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telanus) may be stated under the head of "contributory." stated unless important. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY Never report mere symptoms or terminal condior intercurrent) affection need not be ss important. Example: Measles (disease etc. The contributory valvular heart disease; Measles;

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V. S. No. 1

	County Old Village or City Cu		land	md	WITHIN CORPORI NO CARE STATE death occurred in a hospital or instit	- I - a desta da da 36 . Il.	LEGIC SCHOOL OF THE	War
1	Length of residence in city			yrs,mos	2 ds. How long to U.S. if	of foreign birth?	yrs.	mosd
2.	(a) Residence: No.	1	Andrew . M. Pin		Ward.	If nonresident a	ive city or town as	d State
-	PERSONAL AND	STATIST			MEDICAL C	ERTIFICATE		TO DIME
3. SI	mals W	OR RACE		RIED, WIDOWED, (write the word)	21. DATE OF DEATH	FEG (Month)	20 (Day)	, 193 / (Year)
****	If married, widowed, or divorce HUSBAND of (or) WIFE of	onth	Enow	855	1 I HEREB	Y CERTIFY	h 20	d deceased fi
6. D. 7. A	GE Yoars	Months	Days	If LESS than I day, hrs. ormin.	to have occurred on the date stat The PRINCIPAL CAUSE OF DEA were as follows:	ed ebove, at 12 2	em.	Date of one
OCCUPATION	8. Trede, profession, or particular kind of work done, as SPINNER, APPLy Brenzy SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done as SI K MILL					utin u		
Occu	work was done, as SI SAW MILL, BANK, etc 10. Date deceased last work this occupation (mont year)	ed at		me (yeers) It in this pation	- C			
12. l	BIRTHPLACE (city or town) (State or country)		donth	user	Other Contributory Causes of imp	ortance:		
	13. NAME	,	don't !	imor	7			
FATH	14. BIRTHPLACE (city or tow (State or country)	/n)	dont	Know	Neme of operation			1
ER	15. MAIDEN NAME		dort	Know	23. If death was due to external ca	-		
MOTHER	16. BIRTHPLACE (city or tow (State or country)	/n)	don	Know	Accident, suicide, or homicide?	D	ate of Injury	, 19
17. 1	INFORMANT A.S.	bracy	to n	rd	Specify whether injury occurred	(Specify city or to in INDUSTRY, in HON	own, county and St IE, or in PUBLIC P	ate) LACE.
	BURIAL, CREMATION, OR RE	1	Date FF1L	24,1931	Manner of injury Nature of injury			
100	UNDERTAKER (Address)	- Wa	Man	d sud	24. Was disease or injury in any		tion of deceased?	v
	7 12 11 11	21100	10 TH	15000	(Signed) Work	MU		O.N

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I VEL		Example II	4
of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis Cerebral hemorrhage	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1PLACE OF DEATH	01352 STATE OF MARYLAND
County Allegany	CERTIFICATE OF DEATH
WITHIN CORPORATE LIMITED	Registration Dist. No.
Village or City Cureberland No. 5	rquite tre & DWard) a hospital or institu-
2 FULL NAME Frenching &	tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jame While Gride	16 DATE OF DEATH Mel. 2 , 1925/ (Month) (Day) (Year)
6 DATE OF BIRTH FILE 3, 18 4	1 HEREBY CERTIFY, That Pattended the deceased from
(Month) (Day) (Year) 7 AGE , If LESS than	and that death occurred on the date stated above, at
85 yrs. 11 mos. 29 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	Carcinoma for
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Duration) yrs
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF John Critter)	(Signed) Description of the Market M. D.
IN STREETHPLACE	1927 (Address) 3 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Z (State or country)	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Anknown	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	ients or Recent Residents) At place In the of deathyrsmosds, Stateyrsmosds,
(State or Country) / M/R/M/M/M/M/M/M/M/M/M/M/M/M/M/M/M/M/M	Where was disease contracted, if not at place of dea.h?
2-0740-1	Former or usual residence.
(Address) Company and Manual and.	Levels A. Va. Hat 4, 1931
15 Filed eb. 3, 1931, Harvey H. Weiss Registrar	romo Stem Ind Ind Interess
If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.	

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specimens, laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH ployed, as Al school, or Al home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. tion applies to each and every person, irrespective of report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is neces-Stationary fireman, etc. But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all " Uraemia, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Whooping cough; Chronic Chronic interstitual nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY " "Weakness," etc., when a definite disease Chronic Example: Measles (disease affection need etc. The contributory valvular heart Nomenclature of the not disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH	61353 STATE OF MARYLAND
County Allegan	CERTIFICATE OF DEATH
WITHIN CORPORATE AIMITS	Registration Dist. No.
Village or City Ver Coucho. III	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Charles	tion, give Its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Life (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH Feb 7, 1931 (Month) (Day) (Year)	that I last saw belogative on Self 17, 1921,
7 AGE 2 hows If LESS than 1 day 1 hrs. or min.?	and that death occurred on the date stated above, at 7 m., The CAUSE OF DEATH * was as follows:
6 OCCUPATION (a) Trade, profession or particular kind of work	Greenature der St. 6 3 1800
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Duration) yrs mos de.
9 BIRTHPLACE (State or country) Maryland	Contributory Contr
10 NAME OF FATHER Henry Morrisey	(Signed) 05/12 Due of M. D.
OF FATHER (State or country) Maryland.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Denial Day	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
Tenne Mari	Former or usual residence
(Address) 2 11 Charles It & t	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL TOLO 9 - 1931
15 Filedreh. 9- 1931, Hawey H. Welson	20 MIDERTAKER ADDRESS
If more banks are needed, addre a State Revistrar	. 16 W. Saratora St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an tion applies to each and every person, irrespective of whatever, write None. tired 6 yrs). For persons who have no occupation er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foroman," "Manager," "Deal-Physician, Compositor, Architect, Locomolive engineer, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is neces-(b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"(Exhaustion," "Heart Laurus," "Old Age," "Shock," "Iraemia," "Weakness," etc., when a definite disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Whooping cough; approved by Committee on American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; Example: Measles (disease etc. The contributory Nomenclature

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

-Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCU. ATION is very important. See instructions on back of certificate. CORD MARGIN RESERVED FOR BINDING PERMA VITH UNFADING INK-THIS IS A WRITE PL

No 1

N. B.-

County Clegary	CERTIFICATE OF DEATH
WITHIN CORPORATE LIMITS R. 7, 20	Registration Dist. No. (If death, occurred in
2FULL NAME Infant In	ward) a hospital or institu- tion, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemal White Single, MARRIED, Seingle WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH February 96, 199/ (Month) (Day) (Year)
February 26, 1931	Tebuary 26, 1983/. to Jebuary 26, 1983/.
7 AGE (Month) ((Day) (Year) If LESS than I day hrs.	and that death occurred on the date stated above, at 0:13 Am. The CAUSE OF DEATH ** awas as follows:
yrsds. ormin.?	Occipital region of spull ?
particular kind of work	Cervical region of Ifine. (Duration) yrs. mos. ds.
9 BIRTHPLATE (State or country) Cumberland Avaryland	Contributory Secondary (Dugation)
10 NAME OF Chas. H. Morer	(Signed) UNHodger M. D. Feb. 26 1981 (Address Cymberland, Red
OF FATHER (State or country) Long and,	*State the l'iscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Milded F. Bohres	13 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Cumberland, And,	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted.
(Informant) Chas. H. Moser	if not at place of dea h?
(Address) Cumberland, Mid	Bucy Cem-, Md. Date of BURIAL
Filed 1 el. 26, 1923 1. Hawry H. Wersa	Chabit. Moses. Jumberlan
If more banks are needed addre s Ltate Registrar	, 16 W. Saratoga St., Balto., Lequesting V. Salid. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many (b) Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros: inal meningitis"); Diphtheria (avoid use of "Croup"); s: Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (Recommendations on statement of cause of (secondary or intercurrent) affection need not be st_ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "E:haustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal perilonitis," etc. American Medical Association.) tclanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or EOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-FOR VIOLENT DEATHS State MEANS OF INJULY

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and mount be obtained before the certificate is permanently filed.

V. S. No. 1

+		CERTIFICATE OF DEATH 01355
UP	1. PLACE OF DEATH	D IMITS
200	County illegning	N CORPORATE LIMITS Registration Dist. No.
	Village of City	No. 9 4 Ward
t of		f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How tong In U.S. if of foreign birth?
statement	2. FULL NAME Edgar Thomas Bro	The ed. of
ater	(a) Residence: No. 51 + Sheridan Plan	L St. b Ward.
	(Usual place of abode)	If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE OK PIVORCED (white the word)	21. DATE OF DEATH (Month) (Oay) 193/ (Year)
classified	5a. If married, widowed, or divorced HUSBANO of	22. I HEREBY CERTIFY. That I attended deceased from
SSS	(or) WIFE of Pose	May 19-1929 19 10 73h 26 131
	6. DATE OF BIRTH (month, dey, and year) Feb 3 1880	I last saw h Less ative on Fish 76 , 1931; death is said
properly certificate.	7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at
rtif	31 - 23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
be p	8. Trede, profession, or particular kind of work done, as SPINNER, Conduction SAWYER, BOOKKEEPER, etc	
11		auguer Geelanis
- 4	SAW MILL, BANK, etc.	
# #\	10. Oate deceased last worked at this occupation (month end year) sport in this year)	
that		Other Contributory Causes of Importence:
so	12. BIRTHPLACE (city or town) (State or country)	
terms, so that instructions	Elgar mmer	
به بد	14. BIRTHPLACE (city or town)	Name of operation Oate of
60	(State or country)	What test confirmed diagnosis? Was there en eulopsy?
in plant.	15. MAIDEN NAME Amanda Person	23. If death was due to externat causes (VIOLENCE) fill in also the following:
H i	[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19, 19, 19
DEATH y import	(State or country)	Where did injury occur?
	17. INFORMANT COL MONTH	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
SE	Place Drumment (1884) + th V8, 1931	Neture of injury
CAUSE TION is	19. UNDERTAKER home stein 9ne (Addiess)	24. Was disease or injury in any wey related to occupation of deceased?
	7 062721 Have Hillow	If so, specify (Signed) AM 1100 M. D.
(-	20. FILED 1 190 (190 (A Registrar.	(Address) Meleal Bely
1	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related cause of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis FUREAU V.	S . 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1	PLACE OF DEATH County Alle 4 County	01356 STATE OF MARY CERTIFICATE OF
	9.10	Registration Dist. No
ricate.	Village or City M TONG (No. 2FULL NAME In any Elizabet	A Maughton (If de a hos, stead numb
Serti	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA
ack or o	3 SEX 4 COLOR OR RACE 5 INGLE, WIDOWED. WIDOWED. OR DIVORCED TOPE A	16 DATE OF DEATH 18 (Month) (Day)
o no	G DATE OF BIRTH Seld. 2 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended to
Instructions	7 / yrs. 5 mos. 6 ds. or min.?	and that death occurred on the date stated above, at the CAUSE OF DEATH, was as follows:
N is very important. See I	a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Contributory & Moule Rep M
	(State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER 11 BIRTHPLACE OF FATHER	(Signed) (Duration) yts (Signed) (Address) W State the Usease Causing Death, or, in Violent Causee, state (1) Means of Injury and
ATIO	(State or country) 12 MAIDEN NAME OF MOTHER Nonora Duccall	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Incients or Recent Residents)
nooo	13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs mos ds. In the State yr
statement of	(Informant) and hour would (Address) Manage Ma	if not at place of dea.h? Former or usual residence. 19 PLACE DEBURIAL OR REMOVAL MY WO 9 & Md Tal.
Ste	15 Filed Teb 19 193/ H. Brettteren Registrar	20 UNDERTAKER 1 JULY 1, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
	ir more planks are heeded, address tate Kegistrai	.,

OF MARYLAND CATE OF DEATH ration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.) Ward) ATE OF DEATH .. (Day) attended the in deaths from and (2) Whether Death, or, of Injury or, in/ Hospitals, Institutions, Trans-In the State.....yrs.....mos.....

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from ployed, as At school, ar At home. Care should be taken work, or At Hame, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write Nane. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day (b) Automobile factory. The material For persons who have no occupation -Coal mine, etc. Wom-(b) Grocery,

Strtement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> American Medical Association.) approved by Committee on "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Paisoned by or as prabably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State eause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonilis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and eonsequences (e.g., sepsis, (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY or intercurrent) affection need not be Chronic valvular heart disease; nephritis, etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

ALTH UNFADING INK---THIS IS A PERMAN

WRITE PLA

7. S. No. 1

N B.--Every item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact CORD BINDING MARGIN RESERVED FOR

	01357
PLACE OF DEATH	STATE OF MARYLAND
County Allagury	CERTIFICATE OF DEATH
0 (1.0)	Registration Dist. No. / 0
village or City MAR Wolf (No	St: Ward) (If death occurred in a hospital cr institu-
2FULL NAME Thomas audrus	Thoughton tion, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARRIED OR DIVORCED UNITED WITH THE THE THE THE THE THE THE THE THE T	16 DATE OF DEATH February 8 198/ (Month) (Day) (Year)
6 DATE OF BIRTH MAN / 186	that I last saw h 444 alive on Tele 8 1928/
(Month) (Day) (Year) 7 AGE (If LESS the	- and show death and a second
70 yrs. // mos. 7 ds. or min	The CAUSE OF DEATH, * was as follows:
a OCCUPATION (a) Trade, profession or particular kind of work	Joraly sisteft Side
(b) General nature of industry business, or establishment in which employed or (employer) & P. R. R. Co	Contributory action Clerosis,
9 BIRTHPLACE (State or country) how Cond,	Secondary
FATHER michael haughton	(Signed) 15- Bostelly M.P.
OF FATHER (State or country)	/*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of Mother Bridgel Cummings	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) June 1 Jung Mon (Address) In Cavage ma	19 BLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed 2/9 103/14 Bostythy MA	20 UNDERTAKER ADDRESS AND AND MAI
If more banks are needed, address State Registr	ar, 16 W. Saratora St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more record mine, etc. laborer, Farm laborer, Laborer—Coal mine, etc. state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Scrwart, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer,'"(Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, cupation is very important, so that the relative health whatever, write None. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a Foreman, to know For many occupations a single word or term on without more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the Gracery,

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diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure," "Haemorriage, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tclanus) may be stated under the head of "contributory. as fracture of skull, and consequences (e. g., se, with the skull, and consequences) carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, approved by Committee on Nomenclature or as probably such, if impossible to determine definitely. can be ascertained as the cause. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Whooping cough; (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Chronic Example: Measles (disease etc. The contributory valvular heart Always qualify all discase; etc., of

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. A. I the distance is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

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79	1	3
-	7	1
	X	X

N. B.-WRITE PLAINEY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH 01358		
1. PLACE OF DEATH	CORPORATE LIMITS Registration Dist. No. 4 No. 130 Badfad St., Ward	
County acceptance	CORPORATE Registration Dist. No. 4	
Village or City Cerula WITHIN	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)	
Length of residence in city or town where death occurred		
2. FULL NAME downsay	reffer	
(a) Residence: No. 130 Bedford	St., 4 Ward.	
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	
PERSONAL AND STATISTICAL PARTICULARS		
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	-21. DATE OF DEATH Let. 2/ 193/ (Month) (Day) (Year)	
5a. If matried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from 7.6. / 1937 to File 7/ 1937	
80 pt 401 (8 5 3)	I last saw har alive on Few 70 1921; death is seid	
6. DATE OF BIRTH (month, day, end yeer) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et	
78 — 5 — 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Wen w Come	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this exercising worked at the second in this second in		
10. Date deceased last worked at this occupation (month end yeer)		
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance: I house of importance: Output Outp	
(State or country)		
14. BIRTHPLACE (city or town)		
4 14. BIRTHPLACE (city or town)	Neme of operation Date of	
(State of Country)	What test confirmed diagnosis? Was there an autopsy?	
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In also the following:	
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?	
∑ (Stete of country)	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT Mis Rena P Portuero (Address)	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OB, REMOVAL	Manner of injury	
Place Duff alo Mello Date Feb. 13, 1921	Nature of Injury	
19. UNDERTAKER Forcia Fleus due	24. Was disease or injury in any wey related to occupation of deceesed?	
20. FILED J. eb. 231931. Have, H.Wes	(Signed) Shad of Voor M.D.	
Registrar.	(Address) Secret Baltimore Requesting 9) S. No.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	7	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrais A 333	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S	July 5,1927	Perilonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V S. No. 1

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	ORD

	PLACE OF DEATH County Ally Out	01353 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. //
Trate	Village or City MY CUTE of (No. 2FULL NAME GOOD Washin	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Dack of	3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 7 27 , 19.5%, (Month) (Day) (Year)
	(Month) (Day) (Year)	that I last saw h Majive off Tub 27 , 1928,
non neu	7 AGE If LESS than day hrs. or min.?	and that death occurred on the date stated above, at find m. The CAUSE OF DEATH * was as follows:
1. 366	(a) Trade, profession or particular kind of work (b) General nature of industry	(from History of Cose)
portan	business, or establishment in which employed or (employer) BIRTHPLACE (State or country)	Contributory Branchial as thus A
s very in	10 NAME OF Sevi Porter	(Signed) 1 5 (Address) M. D. O.
	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
4	OF MOTHER 13 BIRTHPLACE OF MOTHER 14 THE STATE OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathy1smosds. Statey1smosds.
0	(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Summer See Longh	Where was disease contracted, if not at place of death? Former or usual residence
rateme	(Informant) / Camilla Class Research (Address) Mary Pavag & Mar	19 PLACE OF RURIAL OR REMOVAL DATE OF BURIAL MALL 2, 193/
10	Filed 2/2 193 A Statttu h A Registrar	20 UNDERTAKER HOLL HOLL TO STATE OF THE STATE OF THE W. Saratoga St., Barco, Requesting V. S. No. 1.
	at more Digital are licensel, andress crate western	

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (o) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stotionary freman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salcsman, nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a r," etc., report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is necesyrs). Form laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Doy For persons who have no occupation 6 Grocery;

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If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSICIANS should state OCCUPAitem of infor-Jo Exact statement EXACTLY. PERMANENT MARGIN RESERVED FOR BINDING classified. certificate. properly stated S UNFADING INK-THIS back it may should 00 so that See instructions supplied. CAUSE OF DEATH in plain terms, be carefully TION is very important. BYWRITE PLAINE mation should

V. S. No. 1

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(Stata or country)

17. INFORMANT (Address) 18. BURIAL, CREMATION,

STATE OF MARYLAND—CERTIFICATE OF DEATH ()1360 1. PLACE OF DEATH County Allegary Registration Dist. No. 4 Registration Dist. No. 4		
Length of rasidance in city or town where daath occurred 15-yrsmos	No. St., Ward of death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth? yrs. mos. ds.	
(a) Residence: No. 18 Or Charles (Usual place of abode)	St., 6—2 Ward. If nonresident give city or town and State	
3. SEX 4. COLOR OR RACE Fruck 4. COLOR OR RACE Fruck 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and yaar) 7. AGE 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decaasad last worked at this occupation (month and spent in this	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) (Oay) (Yaar) 22.	
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stata or country) 24. State or country) 25. MAIDEN NAME	Other Ceatributery Causes of Importance: Name of operation	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?	

Natura of Injury 24. Was disease or injury in any way related to occupation of decaasad? 19. UNDERTAKER If so, specify

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Whera did injury occur?____.

(Addrass) _.

Manner of injury

(Signed)

(Specify city or town, county and State)

Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	e e dina	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year ·

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

(Addrass)

If more blanks are needed, address State Registrat, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

FOR

MARGIN RESERVED

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

PLACE OF PEATH	01362 STATE OF MARYLAND
County alley any	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City M = Coole (No	St: Ward) St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 22. , 192/, 193/, (Month) 3 (Day) (Year) 3/
//oranker 12, 1928	Jan 2 1921 . to 2 3 , 192/,
(Month) (Day) (Year) 7 AGE If LESS than day, hrs. day, hrs. day, or min.	and that death occurred on the date stated above, at 1.45 m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) his lie of he ohis.	Contributory Cleral Effusion: left and Contributory (Duration) yrs. mos ds.
FATHER CUTTER Rober II BIRTHPLACE OF FATHER	(Signed) M. D. 2 4 1931 (Address) M. D.
(State or country) waston Ohio.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Jola M= Reffer	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or Country) Phillicothe, Chi	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant The I, w , Tuckup,	Former or usual residence
(Address) M= Coole Tus.	Chelliesthe Chi, Fet 6, 1931
Filed 2-5 192 Filed Registrar	20 UNDERTAKER ADDRESS ADDRESS Keyses W.
If more bianks are needed, address State Registrat	1, 16 W, Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

ployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emtired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons en-Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed laborer, Farm laborer, Laborer—Coat mine, etc. wouler," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. should be used only when needed. As examples: (a) nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on Farm laborer, without more precise specification as Day For persons who have no occupation Laborer-Coal mine, etc. Wom-Locomolive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

BUREAU

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropey, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid cough; Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING TH UNFADING INK--THIS IS A PERMAN WRITE PL

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	N. BEvery item of information should be carefully supplied. ACE should be stated EXACTLY, PP. CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. statement of OCCUPATION is very important. See instructions on back of certificate.
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	herland. Md Paul.	F.Romnf		St.: War	d) (if death occurred a hospital or instit- tion, give its NAME i stead of street ar number.)
PERSONAL	AND STATISTICAL	PARTICULARS	MEC	DICAL CERTIFICATE	OF DEATH
male 1	will OR	NGLE, IRRIED, DOWED, DIVORCED rite the word)	16 DATE OF DEA	TED. I	5. 1931, 192(Pay)(Year)
6 DATE OF BIRTH	Month)	1378 (Day) (17 LHERI	EBY CERTIFY, That I a	ttended the deceased from 192
7 AGE 52		IFLES	S than and that death or	No.	ed above, at 8. Am n
8 OCCUPATION					
husiness or establis	of industry mac shment in (employer) Plum	farlane	Contributor	(Duration)	hrutió d
particular kind of (b) General nature business, or establis which employed or BIRTHPLACE (State or country)	of industry mac shment in (employer) Plum	farlang O	Secondary (Signed)	Waller Dulstion)	hrstis yre moe d
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V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative healthgaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Doy laborer, Form laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Foreman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on (b) Cotton mill; (a) Solesman, (b) Grocery; man, (b) Automobile foctory. The material Compositor, Architect, Locomotive engineer, Stotionary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example-L		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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MEMORIAL HOSPITAL

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and

	2FU	LL NAME ON	fant	sil	vibus de street an number.)
	PERSO	NAL AND STATIST	ICAL PARTICE	ULARS	MEDICAL CERTIFICATE OF DEATH
	SEX EMALE	4 COLOR OR RACE	B SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word	SINGLE	16 DATE OF DEATH FEB. 5, 1931 , 192 , (Month) , (Day) , (Year)
-	DATE OF BIF				17 / I HEREBY CERTIFY, That I attended the deceased from
		JANUARY, 3		, 1(Year)	that I last saw her alive on 7 1 6 , 193/
7	AGE .	yrs.		If LESS than	and that death occurred on the date stated above, at 3:00 m Tha CAUSE OF DEATH * was as follows: A. M.
) (L	b) General nousiness, or e				Contributory (Duration) yis mos 2 de Secondario
-	10 NAME C FATHER	HENRY SIL			(Signed) (Address) (Signed) M. [
RENTS	OF FATH	r country ROCKING	HAM CO.,	VA.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
AR	OF MOTI		ISER		18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
ш.	13 BIRTHP OF MOTI	165	VIRGINIA		ients or Recent Reaidents) At place of death
14	THE ABOVE	MEMORIAL		EDGE	Where was disease if not at place of death? MEMORIAL HOSP. Former or 35 OFFUTT ST., CITY usual residence
		CUMBERLA		**************************************	Forest.Glenn, W.Va. Feb 6th 1931
15	Filed 12	b. 5, 19231. H	arrey Hil	Versa. Regiatrar	John.C. Wolford Cumberland. Md

V. S. No. 1

If mora branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. DR.C.L. OWENS

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enplaxed. as At school, or At home. Caré should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who rcceive a en at home, who are engaged in the duties of the Spinner, (h) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oclaborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia If the occupation has been changed Laborer--Coal mine, etc. 6) Grocery, Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal lever (the only definite synonym is "Epidemic ccrebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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V. S. No. 1

PLACE OF DEATH	01366 STATE OF MARYLAND
County County	CERTIFICATE OF DEATH—
01.11	Registration Dist. No.
Village or City NAME John Hamil	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 4 2 2 1981 (Month) (Day) (Year)
6 DATE OF BIRTH MAY 14 GUS	I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw halive on, 192
82 yrs. 3 mos. 28 ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or was Engenery (b) General nature of industry	Trucke of conformat 3 years
business, or establishment in Munique which employed or (employer)	Contributory A for Secondary
(State or country)	(Signed) WW M. D. M. D.
11 BIRTHPLACE SMITH	Jest 2 1901 (Address) 27 8. Port H. Boul A
OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Hackel Markin	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or Country)	At place of death yrs mos ds. State yrs ds. Where was disease contracted,
(Informant) Me Bestha Smith	if not at place of dea.h?
(Address) (resafton, md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ADDRESS ADDRESS
Filed Comments Registrar	G. S. Butler ambulant
If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an Civil engineer, Physicium, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, (b) For many occupations a single word or term on yrs). (b) Colton mill; (a) Salesman, For persons who have no occupation Stationary fireman, etc. But in many Automobile factory. The material Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on lelanus) may be stated under the head of "contributory." "(Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease Whooping cough; Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Б

-- Every ifem of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CORD V TH UNFADING INK--THIS MARGIN RESERVED WRITE PL

	PLACE OF DEATH	
!TH	County Allegan MITTER CORPORATE Cumberlar lage or City	(No
	² FULL NAME	ter.M.Stanley
_		FISTICAL PARTICULARS
3 5	Male White	WARRIED, WIDOWED. OR DIVORCED (Write the word)
6 [PATE OF BIRTH Feb	9 1352
		fonth) (Day) (Year
7 A	79 yrs.	If LESS the last of the last o
J'w	o) General nature of industry usiness, or establishment in which employed or (employer) URTHPLACE (State or country)	
	10 NAME OF Frederic	Va ck.Stanley
ENTS	11 BIRTHPLACE OF FATHER (State or country)	Va
of Mother Sarah. Grover		
4	13 BIRTHPLACE OF MOTHER (State or Country)	Va —
14	THE ABOVE IS TRUE TO THE	
	(Informant) Mrs Paul	rland,Md_

01367

ford.St.

STATE OF MARYLAND

3,	RTIFICATI	E O	FI	DEAT
	Registration	Dist.	No.	4

Ward)

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH Feb. 12.1031 , 192
1
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended the deceased from
7268 1931. 20 Jeb 12 , 1931
that I last saw have alive on Ful. 17 1924
and that death occurred on the date stated above, atn
The CAUSE OF DEATH * was as follows:
Jaralesing Carratral Wessert

//
(Duration) vrsmosd
Contributory (Marcia Might-Dans
Secondary
Duration) yremoed
Ph. 1 T-
(Signed)
(Signed) They M. Thomas M/I Feb 13 1991 (Address) Francis Tank med
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran ients or Recent Residents)
At place of deathyrsmosds. In the Stateyrsmosd
Where was disease contracted, if not at place of death?
Former or usual residence
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Rose Hill Feb 15th 1931, 19
20 UNDERTAKER ADDRESS
John. C. Wolford Cumberland. Md

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oclired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm luborer, Laborer—Coal minc, etc. Womnature of the business or industry, and therefore an Civil engineer, whatever, write None. business, that fact may be indicated thus; Farmer (no or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons ployed, as Al school, or Al home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, For many occupations a single word or term on Compositor, For persons who have no occupation mpositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many

whatever, write None.

Statement of Cause of Death—Name, first, the DISE EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease American Medical Association.) approved (Recommendations on statement of cause of letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy," Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Whooping use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid—probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions," perilonaeum, etc., Never report mere symptoms or terminal condiinterstitial nephrilis, by Committee on Nomenclature or intercurrent) affection need not be cough; " "Marasmus, " "Old Age, " "Shock," Chronic Carcinoma, Sarcoma, etc., of etc. valvular heart disease, The contributory

If this certificate is looked over thoroughly and all qurations answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

COR PERMANENT BINDING FOR IS THIS MARGIN RESERVED UNFADING

STATE OF MARYLAND-CERTIFICATE OF DEATH state infor-OCCUPA 1. PLACE OF DEA plnods of County Registration Dist. No. item Village or City C (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long lo U.S. if of foraign birtb?_____yrs.____mos.__ Langth of rasidanca in city or town where death occurred statement (a) Residence: No. St., Ward If nonresident give city or town and State (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) CTL (Month) (Year) 5a. If marriad, widowed, or divorced HUSBANO of HEREBY CERTIFY, That I attended deceased from (or) WIFE of × 5 6. DATE OF BIRTH (month, day, and year) certificate. properl 7. AGE Months If LESS than to have occurred on tha data stated above, at ... stated 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. wera as follows: Date of onset 8. Trade, profassion, or particular OCCUPATION kind of work dona, as SPINNERS Jo SAWYER, BOOKKEEPER, atc. may back 9. Industry or business in which should work was dona, as SILK MILL SAW MILL, BANK, etc ... uo 10. Date deceasad last worked at 11. Total time (yaars)
spent in this this occupation (month and that year) _____ occupation instructions Other Contributory Causes of Importance 12. BIRTHPLACE (city or town (State er country) supplied. terms, FATHER 13. NAME See 14. BIRTHPLACE (city or town Name of operation. (State or country) should be carefully What test confirmed diagnosis? Was there an autopsy? MOTHER important. 15. MAIOEN NAME 23. If daath was due to extarnal causes (VIOLENCE) fill in also the following: in Accidant, suicide, or homicida?_____ Oate of injury______ 19____ OF DEATH 16. BIRTHPLACE (city or town) (State or country) Whare did injury occur? __ (Specify city or town, county and State)
Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT very (Addrass) 18. BURIAL. -WRITE Manner of injury CAUSE mation LION Nature of injury 24. Was disease or injury in any 19. UNOERTAKER (Addrass) If so, spacify (Signed) 20. FILEO Registrar. (Addrass) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

who had no occupation whatever write none. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife ceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the de-Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of

To be complete, an occupation return must state:

9.--The industry or business in which the work was done. 8.—The trade, profession, or particular kind of work done.

11.—The number of years the deceased followed the occupation. 10.-The month and year the deceased last worked at the occupation.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of work done and return that, as spinner, weaver, etc. n stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc.

of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, chanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, methe particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

should be called a salesman and not a clerk, machinist, etc. Distinguish carefully detween retail merchants and wholesale merchants. A person who sells goods

of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples: As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication [12] mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the

รงน _{ดใช้โก} บิ	8261,1 yoM	Gastroenteritis	I year
contributory causes of importance:		Other contributory causes of importance:	
afire Harvas an Ica va	LYOT Offen a	02224D22 IA Y	obn shipp g
Chronic interstitial nephrilis Cerebral hemorrhage	1261 7261,8 tilu l.	Hun over by street car Peritonitis	ા માળદદ્દા વહા
Arterioselerosis	2161	Allack of spilepsy	०६० भुभगा ।
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Example 1		Example II	71. 3 19.1

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

-	
No.	
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>	1 1:
	and the same

1PLACE OF DEATH	01369 STATE OF MARYLAND
County alleganny	CERTIFICATE OF DEATH
WITHIN CORPOBATE LIMITS	Registration Dist. No.
Village or City witherfam (No. 121 Fry 2FULL NAME Mrs. Emma C	See 5 2 Ward) (If death occurred in a hospital or Institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White Single, MERIED, Words OR DIVORGE (Write the word)	16 DATE OF OEATH
DATE OF BIRTH Tov 13 1851	I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h Malive on Heh - 8 1921,
79 yrs. 2 mos. 24 ds. or min.?	and that death occurred on the date stated above, at 12 2 2 m, The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	Tobar Inemound
(b) General nature of industry business, or establishment in	(Duration) vrs. mos. / ds.
BIRTHPLACE (State or country)	Contributory Hrs. fall
10 NAME OF FATHER FIRM INC.	(Signed): (Signe
11 BIRTHPLACE OF FATHER (State or country) 12 MAIOEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Close Same Blake	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country).	ients or Recent Residents) At place of deathyrsmosds.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Inn Ida Hite	Former or usual residence
(Address) 421 perus Cive City	Int Herman Come Feb 11., 1931
15 File Dreb. 11, 1931. Harrey H. Wikis	20 UN DERTAKER A ODRESS Lund Ma
If more blanks are needed, addre.s State Registrate	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. business, that fact may be indicated thus; Farmer Cal state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, guged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when necded. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know eases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Howemaid, etc. If the occupation has been changed Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, worked on may form part of the second statement. report specifically the occupations of persons enor At Home, and children, For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Stationary fireman, etc. But in many (a) the kind of work and also (b) the Architect, Locomotive engineer, not gainfully em-

EAR OF CRUSE OF DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal ferer (the only definite synonym is "Epidemic cerebrost inal meningitis"; Diphilheria (avoid use of "Croap"); Typhaid fever (never report "Typhoid Pneumonia"); Lobar pueumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death American Medical Association.) approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease carbolic acid-probably sucide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-(secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease Whooping cough; ken. "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJULY Never report mere symptoms or terminal condi-Chronic etc. The contributory valvular heart disease; Measles;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the clater is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—CERTIFICATE OF DEATH state ITHIN CORPORATE LIMITS 1. PLACE OF DEATH OCCI item of plnods Registration Dist. No. County Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. If of foreign birth? S Length of rasidance in city or town whera death occurred. statement PHYSICIAN 2. FULL NAME (a) Residence: No. If nonresident give city or town and State Usual place of abode) Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEAT 4. COLOR OR RACE DIVORCED (write tha Word) PERMANENT CTL (Month) (Day) classified. 5a. If marriad, widowed, or divorced HUSBAND of ERTIFY That attended daceasad from 22. (or) WIFE of 4 6. DATE OF BIRTH (month, day, and year) certificate. properly If LESS than 7. AGE Montk Davs to have occurred on the date stated above, at stated I day ... or min. Oate of onset 8. Trade, profassion, or particular **TARGIN RESERVED** kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. may should UNFADING INK 11. Total time (yaars) spent in this 10. Date dacaasad last worked at this occupation (month and that occupation It were instructions 12. BIRTHPLACE (city or town) (State er country) supplied. FATHER 13. NAME 14. BIRTHPLACE (city or town) plain (Stata or country) What test confirmed diagnosis?_____ should be carefully MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill In also tha following: OF DEATH 16. BIRTHPLACE (city or town -WRITE PLAINLY (State or country) Whare did Injury occur? ... (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE, very 18. BURIAL, CREMATION, OR REMOVAL Mannar of Injury CAUSE mation Nature of injury LION 24. Was disease or injury in any way related to occupation of deceased? 19. UNOERTAKER (Addrass) If so, specify Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

FOR

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II The principal cause of death and related causes Date of or of importance were as follows:	
Date of onset		
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance:	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N.B.

PLACE OF DEATH County Allegang Co.	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City donacomus (No. 13 Gara Ele	Stungton St.: Ward) A hospital or institution, give its NAME is stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White Single, Wildowed. White OR DIVORCEO (Write the word)	Jebruary (Month) (Day) /7 (Year)?
Meember 25 th 1869 (Month) (Day) (Year)	17 HEREBY CERTIFY, That I attended the decembed from
7 AGE (Stoner) (Day) (Year)	-1
62 yrs. 1 mos. 23 ds. I day hrs	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work	Caremond of Fanciers
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yre Symon de
9 BIRTHPLACE (State or country) (State or country)	Contributory Secondary (Durstion) mos. de
10 NAME OF FATHER OF P. Peiber.	(Signed) M. F. Miller M. F. M.
OF FATHER (State or country) Wellersburg Pa. 12 MAIOEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Matilda Long	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or Country) Weller alrung Ca.	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Mrs. Frank Githens	Former or usual residence DATE OF BURIAL DATE OF BURIAL
(Address) tonacoung, md.	20 UNDERTAKER TO ADORESS
Filed 192/ 2 Oby Registrar	D. E. Boal. Barton Ma
If more branks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engincer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook en at home, who are engaged in the duties of the Physician, Compositor, Architect, Locomotive engineer, whatever, write Nonc. business, that fact may be indicated thus; Farme (ne or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed ployed, as Al school, or Al home. Care should be taken work, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealto report specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is necesyrs). Farm laborer, without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many Laborersingle word or term on -Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospical fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

American Medical Association.) telanus) may be stated under the head of "contributory." inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," (secondary Whooping cough; Chronic Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be ss important. Example: Measles (disease 'Congenital,' "Senile,' etc.), "Dropsy,
""Heart failure," "Haemorrhage, valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-IS A PERMANENT RECORD. Every properly classified. FOR BINDING WITH UNFADING INK-THIS MARGIN RESERVED AGE should be pe CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied.

of certificate.

TION is very important. See instructions on back

STATE OF MARYLAND—CERTIFICATE OF DEATH 01372

1. PLACE OF DEATH		93-0		
County	leganey	Registration Dist. No. 14		
Village or City Ellers	slie.Md	No. St., Ward		
Length of residence in city or town when	re death occurredyrs,	(If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long in U. S. if of foreign birtb?yrs,mos,ds.		
2. FULL NAME Wi	.lliam.F.Swauger			
(a) Residence: No.		St., Ward.		
	(Usual place of abode)	If nonresident give city or town and State		
PERSONAL AND STATIS		MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word	21. DATE OF DEATH Feb. 25.1931 (Month) (Day) (Year)		
5a. If married, widowed, or divorced HUSBAND of				
(or) WIFE of Mary.	wauger	22. HEREBY CERTIFY. That I attended deceased from		
6. DATE OF BIRTH (month, day, and year)	Feb. 14.1867	I last saw h alive & . O. Q death is sain		
7. AGE Years Months	Days If LESS tha 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance		
8. Trade, profession, or particular	enngylvania	Uate of onset		
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Railroad F	3. Chronie Regocadelio		
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.				
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town)	Md	Other Contributory Causes of Importance: Accely Delalalian		
13. NAME Henry Swa	auger	- Front - 200		
13. NAME HENRY SWE	Md	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?		
E 15. MAIDEN NAME Mai	rtha. Gladfelty	23. If death was due to external causes (VIOLENCE) fill in also the following:		
15. MAIDEN NAME MAIL 16. BIRTHPLACE (city or town) (State er country)	Md	Accident, suicide, or homicide?		
17. INFORMANT Mrs Ella. (Address) Cumberla	George nd. Md	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.		
18. BURIAL, CREMATION OR REMOVAL Place	Pa 28 1931	Manner of injury		
19. UNDERTAKER John.C.W.C. (Addiess) Cumberlar		24. Was disease or injury in any way related to occupation of deceased?		
20. FILED 2/27 , 193/ J.	Llayd Usolf & Registrat	(Signed) Millartus M. [
If mo	re blanks are needed, address State Regist	rar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

Ox muchung

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenleritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	
In responent to a call, on Feb. 45th, about 10 a.m.	I ment
In Was I de a a a mid I la a de a la a a a a a a a a a a a a a a a a a	000-
tu arrenal. His daceabler, & dones the deceased has	up and abaux
the Rause the neight before - and during the Evening he he patery medicine whealow as "whete Caps" - ment to bed.	antakeus.
palered Keedeeres Kuston as "Whete Caps" + meret to bad.	at 9 asec
Eh. 25th The daughten weich to his room & bound him de	ind in bed . Of

N. B.--Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD MARGIN RESERVED FOR BINDING TH UNFADING INK-THIS IS A PERMAN LY, WRITE PLA

V. S. No. 1

	County	of DEATH Allegany,	100 011 010 0 1 1 1 1 1 1 1 1 1 1 1 1 1		(12)	STATE OF N	
TI	HIN CORP	ORATE LIMITS				Registration I	Pist. No.
Vil		Cumberlan			Hospital	St. 6 - Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
=	PERSON	NAL AND STATIST	ICAL PARTI	CULARS	MEDIC	AL CERTIFICATE O	F DEATH
	Female	4 color or race White	5 SINGLE, MARRIED, WIDOWED, OR DIVORC (Write the wo	Married ED			6 , 192.31 (Year) (Year)
6 1	DATE OF BIR	TH Augus (Month)		, 1 <u>997</u> (Year)	***************************************	192 to	nded the deceased from, 192, 192,
8 0	OCCUPATION a) Trade, pro	33 yrs. 5		If LESS than I day hrs. ds. or min.?			ppuale
	b) General na usiness, or ea	ature of industry stablishment in ed or (employer) untry) Wes			Contributory Secondary	Oromobile Upper	ederlej
ENTS		ACE ER country) Wes	L. Rineh st Virgi		(Q D	/ (Address) Death, ate (1) Means of Injor Homicidal.	or, in deaths from ury and (2) Whether
PAR	OF MOTHER AND WON LOT			The second secon	SIDENCE (For Hospita	als, Institutions, Trans-	
		ER Country) West	Virginia		At place 12 :	OUPS In the State cacted, MPMORTA	T. HOSP
(Informant) Memorial Hospital,					if not at place of deat	Levels W. Va.	
	(Informant)	ess) Cumberla			19 POACE OF BURIA	L OR REMOVAL	DATE OF BURIAL
15	Filed	. 16, 1921. No		Registrar	20 BNDERTAKER	utles Co	ADDRESS AMULIANA
		If more branks are	needed, addres	a State Kegistrai	r, 10 W. Daratoga St.,	Balto., Requesting V. S.	410. 1.

Dr. Hawkins

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. definite salary), may be entered as Housewife, Houseer," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material -Coal mine, etc. Wom-Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

approved by Committee on Nomenclature "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; Chronic valualar heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injury State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of

If this dertificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

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11	
PLACE OF DEATH	01374 STATE OF MARYLAND
County Mugany	CERTIFICATE OF DEATH
WITHIN CORPORATE AMITS	Registration Dist. No. 4
Village or City would want No. 319	n / L
2FULL NAME William Mat	Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OF RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED OR DIVORCED	16 DATE OF DEATH Freh 12 , 1931
(Write the word)	(Month) (Pear)
6 DATE OF BIRTH May 25 1930	I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw harralive on Feb 12, 1931,
7 AGE [If LESS than	and that death occurred on the date stated above, at 60. m.
X / / / I dayhrs.	The CAUSE OF DEATH * was as follows:
yrs. or min.	Jobor Premoure
(a) Trade, profession or	***************************************
particular kind of work	
(b) General nature of industry	
business, or establishment in which employed or (employer)	yrs,mosds.
	Contributory & haust
9 BIRTHPLACE (State or country Cumbuland Md	Secondary (Durstion) Cyrs. mos. ds.
10 NAME OF PTT	That Vit-
FATHER J. Laylar	(Signed) MyD. Teb. 13 1921 (Address) Security Teas hery
OF FATHER	*Chata the Disease Couring Death on in deaths from
Z (State or country) Manyland 12 MAIDEN NAME	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Bennice Shiroliffe	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER 13 BIRTHPLACE 14 11	At place In the
(State or Country)	of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) J. Lo. Taylar	Former or usual residence
(Address) 319 n Centy St City	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL TO 141931
15 Filed 7 ch. 13, 1923 1. Harry H. Weiss Registrar	200 NDERTHER ADDRESS
	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
,	

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesdefinite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, whatever, write None. business, that fact may be indicated thus; Farmer, (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. to know (a) the kind of work and also (b) the For many occupations a single word or term on yrs). Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISCAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," stated unless important. Example: Measles (disease "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephrilis, etc. The contributory Whooping cough; American Medical Association.) approved by Committee on letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underunqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valvular heart affection need Nomenclature of the disease; not be

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V.

If more blanks are needed, address State Registray, 16 W. Saratoga St., Balto., Reguesting V. S. No. 1.

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and

number.)

and

DATE OF BURIAL

No.

(Approved by U. S. Census and American Public Health Association.)

cases, state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Munager," "Deal-(a) Foreman, Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal minc, etc. Woinwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia (a) the kind of work and also (b) the Architect, single word or term on Locomolive engineer, (6) Grocery.

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telanus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on Nonchelature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS STATE MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Puerperal septimemia," "Puerperal perilonitis," etc. can be ascertained as the cause. Always qualify all "Inanition," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc., "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopmeumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (mercly symptom-Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-(secondar/ Recommendations on statement of cause of "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; or intercurrent) Chronic etc. The contributory valvular heart disease; affection need not be

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CORD ITH UNFADING INK--THIS IS A PERMAN WRITE PL

MARGIN RESERVED FOR BINDING

Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1PLACE OF DEATH County ally arry	376 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. / D
Village or City My aval (No	St: Ward) (If death occurred is a hospital or institution, give its NAME in stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX. 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED OR DIVORCE (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH 1	that I last saw Mr. alive on Feb 3, 193
7 AGE 65 yrs. 7 mos. 26 ds. If LESS than day hrs. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	(Durgtion) / vrs. mos de
9 BIRTHPLACE (State or country) May land	Contributory & reflecting my ocas med Secondary, Dusufferency (Duration)
11 BIRTHPLACE OF FATHER (State or country) 12 ONAME OF FATHER OF FATHER OF FATHER OF State or country)	(Signed) M. 1 M. O. C. M. M. I. J.
12 MAIDEN NAME Budget Grown	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tranients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
(Informant) (Address) (Address) (Address)	Former or usual residence 19 Phace of BURIAL OR REMOVAL TWINTER 20 INDERTAKER ADDRESS
Filed Lev 17 1981 N F Nostling MA Registral If more hanks are needed, addre. s State Registra	Jocob Hayer thatturg me

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coat mine, eve. woun-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. household only (not paid Housekeepers who receive a r," etc., report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day 6 Grocery;

sginal meningitis"; Diphtheria (avoid use of "Croup"); to time and causation), using always the same accept-Streement of Cause of Death-Name, first, the Dis ed term for the same disease. Examples: Cerebrospinal EA. 5, CAUSING DEATH (the primary affection with respect Typhoid fever (never report "Typhoid Pneumonia") (the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,

> stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." aecident; Revolver wound of head-homicide; Poisoned by "(Exhaustion," "Heart failure," "IIaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Mcasles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Whooping cough; Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, Examples: Aecidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, (name origin; "Cancer" is less definite; avoid 'Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage," Chronic valvular heart disease etc. The contributory

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all qu stions

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N. BEvery item of information should be carefully supplied
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V. S. No. 1

PLACE OF DEATH	01377 STATE OF MARYLAND
County allegung	CERTIFICATE OF DEATH
5 1, 1	Registration Dist. No. /2
Village or City Millaud (No	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME	St: Ward) A hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX A COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 70. 26 5 , 193 (Month) (Day) (Year)
Jul. 26 th 1931	17 I HEREBY CERTIFY, That I attended the deceased from 2/26 190/. to 2/26 , 192/,
(Month) (Day) (Year)	that I last saw W. Mille on 2/26/
7 AGE If LESS than	and that death occurred on the date stated above, atm,
yrs. mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
DCCUPATION	Sportaneus abolin
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Duration)yrsmosds.
BIRTHPLACE (State or country) muulland	Contributory Secondary (Duration)
10 NAME OF release Thrasher	(Signed) M. D. M. D.
11 BIRTHPLACE OF FATHER (State or country) Manyland	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
Z (State or country) 12 MAIDEN NAME ()	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Vaung Dagentaker	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Manyland	At place of deathyrsmosds. In the Stateyrsmosds.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Muo n. Theasher	Former or usual residence
(Address) millandrid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL , 19
Filed Jeb. 24 1921 Rg Staken	20 UN DERTAKER ADDRESS
If more branks are needed, addres State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) nature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Salesman, (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease stated unless important. approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cougn; curouse Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., oi unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease; Example: Measles (disease etc. The contributory Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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-	PLACE OF DEATH	01378 STATE OF MARYLAND
	County Allegary	CERTIFICATE OF DEATH
	WITHIN CORPORATE LIMITS	Registration Dist. No.
	Village or City Current (No. Menson	Ward) (If death occurred in a hospital or institu-
	2FULL NAME Tyra Heles	Treyler tion, give its NAME in- stead of street and number.)
5	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
200	Temple White (Write the word)	16 DATE OF DEATH Feb. 74, 1934 (Month) (Day) (Year)
	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
2	Oct 10 , 1908	Feb. 16 1921. to Feb. 74, 1921,
	(Month) (Day) (Year)	that I last saw halive on 1994,
	7 AGE If LESS than I dayhrs.	and that death occurred on the date stated above, atm. The CAUSE OF DEATH *_was as follows:
	7 yrs. 4 mos. 13 ds. or min.?	John Puremonia
	a) Trade, profession or particular kind of work	
	(b) General nature of industry business, or establishment in which employed or (employer)	(Duratign)yrs do.
	9 BIRTHPLACE	Contributory Juffuena a
	(State or country)	(Duration) , Sie mos ds.
	10 NAME OF Clifford Fordon	(Signed) JHOS. N. D. M.D. M.D. (Address) Constant M.D.
	OF FATHER (State or country) (State or country)	
	(State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of organel Weisenmiller	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER	At place In the of death yrs mos ds. State yrs mos ds.
	(State or Country)	Where was disease contracted, if not at place of dea.h? Cumberland, Md.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or OO3 G
	(Informant) memoral tajp	usual residence OI Spring St., Cimberland, Md.
-	(Address) Kumberland Mg	Rose Hill Cometery Feb 27, 1931
	15 Filed reb. 26, 1923 1. Harvey Huss	Jours Stein Inc Cumberland
	If more blanks are needed, address State Registrar	, 6 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken to report specifically the occupations of persons en-For many occupations a single word or term on

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Chronic etc. The valvular heart disease; contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate in permanently filed.

N. B.—WRITE PRAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

Į.	STATE O	F MARYLAND-	CERTIFICATE	OF DEAT	TH 013	79
	1. PLACE OF DEATH		THIN CURPORATE			,
	County Millega	in . The	HINCO	Registration Di	st. No.	
	Village or City Canada	erland	No. Minne	al Hr.	1 36	Ward
	Length of residence in city or town where de		death occurred in a hospital or institution			
	2. FULL NAME Slade	so Van Ini	tu			
	(a) Residence: No. Roma	mas Ind	St., Ward.			
-	DEDCONAL AND STATISTIC	(Usual place of abode)	MEDICAL C	If nonresident giv	ve city or town and	d State
3.	SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	F	A D	1
1	Genele White.	OR DIVORCED ("write the word)		feb	27	, 193,
5a	. If married, widowed, or divorced			/ (Month)	(Day)`	(Year)
-	HUSBAND of (or) WIFE of		22. Teb- 25	CERTIFY,	That I attended	deceased from
6.	DATE OF BIRTH (month / 45 Vand Vestion)	Len 26. 25	I last sew h_ls elive on	12 h	, 19. 3	
	AGE Years Months	Deys If LESS than	to have occurred on the date state	Ya 1	Om.	
	5 5	1 day, hrs. ormin.	The PRINCIPAL CAUSE OF DEA were as follows:	TH and ralated causas	of importence	Date of onset
NO	8. Trade, profession, or particular kind of work done, es SPINNER,	Brack	-	715		
OCCUPATION	SAWYER, BDDKKEEPER, atc		1 / 100000 - 711	nummina	- Motival	126-23-31
DO.	work was dona, as SILK MILL, SAW MILL, BANK, etc	1				
d	10. Date deceased last worked et this occupation (month and year)	11. Total time (years) spent in this occupation				
1.	0		Other Contributory Causes of Imp	ortance:		
12	(State or country)	d.	Julie	wa		Feb 20-31
ER	13. NAME Gruling	Van Greder				
FATHER	14. BIRTHPLACE (city or town)	Brok	Name of operation	Le	Dete of	
-	(State or country)	0 0 - 1	What test confirmed diegnosis?			
MOTHER	15. MAIDEN NAME STATE	goram	23. If death was due to external ca			
MO	16. BIRTHPLACE (city or town)(State or country)	a.	Accident, suicide, or homicide? Where did injury occur?	Da	te or injury	, 19
17	INFORMANT Premovial	2 Host	Specify whether Injury occurred i	(Specify city or to n INDUSTRY, in HOMI	wn, county and Sta E, or in PUBLIC PL	ite) ACE.
	(Address) comple	land	•••••			
18	B. BURIAL, CREMATION, DR REMOVAL	Date 200 1 1931	Manner of Injury			
	Umin	9	Nature of Injury			4.1
19	O. UNDERTAKER OF THE CANADA CONTROL OF THE C	mo	24. Wes disease or injury in any v	2 reletad to occupation	on of deceased?	N. 9
25	100 R 1 20 Hotel	wen Hiller	(Signed)	HWils	0	M. D.
21), FILED (11 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Registrar.	(Address)	innter	lad	
	If more b	lanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore R.	equesting T) S. No .		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Ex	ample I		Example II	
The principal cause of dear of importance were as follo	ws:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	
Chronie interstitial nephritis		1921	Run over by street car	1 week ago
	MAR 5 :			1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
	BURTAU V.			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

supplied. ACE should be stated EXACTLY, PHYSI-in terms so that it may be properly classified. Exact See instructions on back of certificate. CORD BINDIN MARGIN RESERVED FOR TH UNFADING INK--THIS Every item of information should be carefully such and Should state CAUSE OF DEATH in plain statement of OCCUPATION is very important. Se

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PLACE OF DEATH

County....

01380

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

WITHIN CORPORATE LIMITS
Village or City CUMBERLAND, MD. (No. LIMITS MEMORIAL HOSPITAL

156 6 - | Ward)

(If death occurred in a hospital or Institu-tion, give its NAME In-

2FUI	LL NAME LULA	VIANDS	stead of street and number.)
PERSON	AL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX _FEMALE	WHITE	SINGLE, NOT LIV MARRIED, WIDOWEDTOGETHER OR DIVORCED (Write the word)	PEBRUARY, 24, 1931, 192
6 DATE OF BIR	OCTOBER, 5	······································	17 I HEREBY CERTIFY, That I attended the deceased from Fig. 14 1921. to 14 24 , 19231,
7 AGE	48 yrs. 4	lf LESS that I day hr	and that death occurred on the date stated above, at IO : 35 m.
(b) General na business, or es	ofession or dof work HOU ature of industry stablishment in ed or (employer)	SE WORK	(Duration) vre moe de
OF FATHI	VIRGINI F MILLARD KLI	NE	Contributory Secondary (Durstion)
12 MAIDEN OF MOTH 13 BIRTHPL OF MOTH (State or	NAME ER ALICE S		18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds.
(Informant)	MEMORIAL. H		Where was disease contracted, MEMORIAL HOSPITAL if not at place of death? MEMORIAL HOSPITAL Former or IO4 PARK ST., CITY usual residence. 19 PLACE OF BUBIAL OR REMOVAL PATE OF BURIAL PLACE OF BURIAL PATE OF BURIAL ADDRESS ADDRESS

Sidreus State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

er," etc., whatever, write Nonc. business, that fact may be indicated thus; Farmer (state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, without more precise specification as Day Colton mill; (a) Salcsman, (b) (b) Automobile factory. The materia Laborer-Coal minc, etc. Womnot gainfully em-Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. approved telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by American Medical Association.) Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HONICIDAL, State cause for which surgical operation was under-"Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," etc., when a definite disease stated unless important. Examples: Accidental drowning; Struck by railway train can be ascertained as the cause. Always qualify all "Debility" tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, inges, perdonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Exhaustion," "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY by Committee on Nomenclature ("Congenital," cough; "Heart failure," "Haemorrhage, Chronic valvular heart disease Example: Measles (disease "Senile," etc.), "Dropsy," etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH County Clegary County Clegary	STATE OF MARYLAND
Village or City Frestbring (No. 25	Registration Dist. No. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH — 3 , 192 / (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h malive on Blad when yamen 1921,
January Jan	and that death occurred on the date stated above, at
13 BIRTHPLACE OF MOTHER (State or Country) 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address) Filed Registrar	ients or Recent Residents) At place of death presidents in the State presidents was disease contracted, if not at place of death? Former or usual residence process presidence process
If more branks are needed, addrs a State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. Ne. 1.

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation-Precise statement of ocsary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthployed, as At school, or At home. Care should be taken Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Physician, Compositor, Architect, Locomotive engineer, whatever, write Nonc. lired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook to report specifically the occupations of persons en-Never return" Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, without more precise specification as Day For persons who have no occupation -Laborer-Coal minc, etc. Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospical fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature lctanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train can be ascertained as the cause. Whooping cough; Recommendations on statement of cause of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY interstitial nephrilis, Chronic valvular heart disease; etc. The contributory Always qualify all

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Exact

		PLACE	OF DEATH			
	(County (1)	eghen	7	4 + 1000-1-1000	
	Vill	age or City	Cres	splow	K(No	_
		2FUL	L NAME 7	lana	Mal	Mari
1		PERSON	AL AND S	TATISTICA	L PARTICU	LARS
	35	male	2 Color o	1	INGLE, MARRIED, WIDOWED. OR DIVORCED Write the word)	
1	6 D	ATE OF BIR	TH M.			
-			100	(Month)	(Day)	1925 (Year)
	7 A	GE	yrs.	3 mos	. / 7 de.	If LESS that I day hr
A STATE OF THE PARTY OF THE PAR	(h bi	hich employ	ofession or d of work ature of indu stablishment ed or (employ	in		
	9 8	(State or col	intry)	ld	1	
		10 NAME O	Ell	ist	Mari	usk
	STA	OF FATH (State or		11	Mol.	
	PARE	12 MAIDEN OF MOTH		ilda	Chan	uy
		13 BIRTHPL OF MOTH (State of		Minu	al Co	Stora
	14	(Informant	P.M.	HE BEST O	Paris	EDGE
-	Street	(Addi	essy Cri	saf	Lowin	Ma
ĸ.	1.55	4/	/ // 41	4 11 11 11	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

STATE OF MARYLAND 01382 CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and Ward) number.)

L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH # 2 # , 193/
Mov 7 1929 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 193/. to 193/., that I last saw h analive on 7/1/2, 192.,
yrs. 3 mos. 7 ds. or min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
ssion or of work re of industry blishment in	Confection vis. mos / 9 ds.
or (employer)	Contributory Secondary A (Duration) yis mos ds.
Ellis P Harrisk	(Signed) Land M. D.
ountry) AME Wh. D. D.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 13 LANGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
E Muneral Or Mara	ients or Recent Residents) At place In the of deathyrsmosds.
TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h? Former or usual residence
Cresaptown Med	Des aflowers ful 26, 1931
Registras If more b.anks are needed, addre.s tate Negistras	r, 16 W. Saratoga St., Balty., Lequesting V. S. No. 1

(Approved by U. S. Census and American Fublic Health Association.)

sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. whatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Nanager," "Dealbusiness, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer, Salesman, 6 Grocery;

Strtement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Example: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

st_ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY by Committee on Nomenclature Chronic ete. affection need valvular The contributory Always qualify all heart not be disease;

RECEIVED answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all qu stions

STATE OF MARYLAND	CERTIFICATE OF DEATH 01383
1. PLACE OF DEATH	(159)
County alleghans Utilsius	Registration Dist, No.
Village or City Longe and City Lim	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs,mos	ds. How long In U.S. if of foreign birth?mosds.
2. FULL NAME Mary Elizabeth Boo	n) Weese
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH Letter (Month) 234 (193 / (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceesed from
1	, 19, 19, 19,
6. DATE OF BIRTH (month, day, and year) fan 13 1931	I last sew h. 4. alive on 7. 4. 7. 3. 19.3/; death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 3,43 m.
10 I day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Oate of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Tremature Chalmentrilion,
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11 Total time (years)	
10. Date deceased last worked at this occupation (month and year) year) 11. Total time (years) spant in this occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	
13. NAME Francis albert Book	
14. BIRTHPLACE (city or town)	Name of operation Oate of
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Bernice P. Weeke 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In also the following:
[5] 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT And Mary Park (Address) Box mala	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION OR REMOVAL Place Date Date 24, 193	Manner of injury
19. UNOERTAKER OF Standard Sta	24. Was disease or injury in any way related to occupation of deccased?
20. FILED P. el. 24,131. Harvey H. Weiss. Registrar.	(Signed) Chave M. D. (Address) Comboland land
If more blanks are meded address State Person	AT CLULC PL' P. CLUCAL

111000

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

IC.	ample OEIVE		Example II	
The principal cause of dea of importance were as followard arteriosclerasis	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week aga
Chronic interstitial nephritis	BURRAU T.	₩ 1921	Run over by street car	1 week ago
Cerebral hemorrhage	DUMMINO 8.	July 5, 1927	Peritonitis	3 days aga
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstanes		May 1,1923	Gastraénteritis	1 year

ADDITIONAL SPACE FOR FURTHER ST	STATEMENTS :	BY	PHYSICIAN
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B.Wo.1

B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-V. S. No. 1

	Caunty Allegany V	MITHIN COM C.	
	Cumberl	and. Md	Registration Dist. No. 7
	Village or City		death occurred in a horpital or institution, give its NAME instead of street and number)
	Length of residence in city or town where	death occurredyrs,mos	ds. How long la U. S. if of foreign birth?yrsmos
2	. FULL NAME Alice.E	.Welsh	
	(a) Residence: No. 536.N.C	entre.St	St., Ward.
artoles		(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH
	Female White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Feb 18 , 193 (Month) (Day) (Yeal
ja.	If married, widowed, or divorced HUSBAND of (or) WIFE of	ı.Welsh	22. I HEREBY CERTIFY, That I alreaded decessed
6 1	DATE OF BIRTH (month, dey, end year)	tales 10 1864	I last saw h A alive on Feb, 17 1981; death is
	AGE Years Months	Days If LESS than	to have occurred on the dete stated above, at
	66 4	8 1 day, hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence
z	8. Trede, profession, or particular kind of work done, es SPINNER,		Cascinoma of Blomach 2-1
LION	SAWYER, BOOKKEEPER, etc.	use work	4 lives
3	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	0.00	
O			
Ŏ,	10. Date deceased lest worked et	11. Total time (years)	
8		11. Total time (years) spent in this occupation	
12.	10. Date deceased lest worked et this occupation (month and year)	spent in this	Other Coutributory Causes of importance:
12.	10. Date deceased lest worked et this occupation (month and	spent in this	Other Centributery Causes of importance:
2	10. Date deceased lest worked et this occupation (month and year) BIRTHPLACE (city or town)	spentin this occupation	
2	10. Date deceased lest worked et this occupation (month that year) BIRTHPLACE (city or town) (State or country)	spent in this occupation	Other Contributory Causes of importance: Name of operation Resection 45 on Date of
FATHER	BIRTHPLACE (city or town) (State or country) 13. NAME William .Lu 14. BIRTHPLACE (city or town) (State or country)	drick Pa	0 0 1 J
FATHER	Date deceased lest worked et this occupation (month and year) BIRTHPLACE (city or town) (State or country) 13. NAME William . Lu 14. BIRTHPLACE (city or town) (State or country)	spentin this occupation	Name of operation Resection 95ton Date of 5-10
OTHER FATHER	BIRTHPLACE (city or town) (State or country) 13. NAME William .Lu 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 3 22. Fra 16. BIRTHPLACE (city or town)	drick Pa	Name of operation Resection as Company Date of S-10 What test confirmed diagnosis? Operation Was there an autopsy?
HER FATHER	BIRTHPLACE (city or town) (State or country) 13. NAME William .Lu 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAMES aran . Fra 16. BIRTHPLACE (city or town) (State or country)	drick Pa	Name of operation Resection Plane of Date of What test confirmed diagnosis? Operation Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homlcide?
MOTHER FATHER	10. Date deceased lest worked et this occupation (month and year) BIRTHPLACE (city or town) (State or country) 13. NAME William . Lu 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME SAPAN . From the country of t	drick Pa	Name of operation Resection Place of Place of What test confirmed diagnosis? Department Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide? Date of injury 19.
MOTHER FATHER	10. Date deceased lest worked et this occupation (month and year) BIRTHPLACE (city or town) (State or country) 13. NAME William . Lu 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 3 PAA Fra 16. BIRTHPLACE (city or town) (State or country) INFORMANT (Address)	drick Pa zer Pa lsh and: Md	Name of operation Public Place What test confirmed diagnosis? Public Place 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide? Date of injury 19. Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
WOTHER FATHER	10. Date deceased lest worked et this occupation (month and year) BIRTHPLACE (city or town) (State or country) 13. NAME William . Lu 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME SAPAN . From the country of t	drick Pa	Name of operation Resection Date of Mast there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homlcide? Date of injury 19. Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
MOTHER FATHER	BIRTHPLACE (city or town) (State or country) 13. NAME William . Lu 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 3 PAR . Fra 16. BIRTHPLACE (city or town) (State or country) INFORMANT (Address) BURIAL, CREMATION, OR REMOVAL 21 Place	spent in this occupation. drick Pa zer Pa elsh and Md Feb 1931	Name of operation Resolution Date of Mast there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homlcide?
17. MOTHER FATHER	BIRTHPLACE (city or town) (State or country) 13. NAME William .Lu 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAMES APAN . From the state or country) 16. BIRTHPLACE (city or town) (State or country) 17. MAIDEN NAMES APAN . From the state or country) 18. MAIDEN NAMES APAN . From the state or country) 19. MAIDEN NAMES APAN . From the state or country) BURIAL, CREMATION, OR REMOVAL 21 Place UNDERTAKER John . C . Wol	spentin this occupation. drick Pa zer Pa lsh and Md Feb 1931 Date 19	Name of operation Resolution and Date of Service Specify what test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homlcide? Date of Injury , 19. Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Neture of injury . 24. Wes disease or Injury in any way related to occupation of deceased?
17. MOTHER FATHER	BIRTHPLACE (city or town) (State or country) 13. NAME William .Lu 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 3 PAR . From the state or country) Informant (Address) BURIAL, CREMATION, OR REMOVAL 21 Place	spentin this occupation. drick Pa zer Pa lsh and Md Feb 1931 Date 19	Name of operation Resolution Date of Mast there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homlcide?

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10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis MAR 5 1931	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage SUREAU V.S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributors course of important	
Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

	う	PHYSI- d. Exact
	CORD	CE should be stated EXACTLY, PHYSI-hat it may be properly classified. Exact
3	•	CE should be stated EXAC
R BINDING	PERMA. NT	should b
œ	A	D E

1	1PLACE OF DEATH	013Si, STATE OF MARY AND
	County allegames.	STATE OF MARYLAND CERTIFICATE OF DEATH
A	THIN CORPORATE LIMITS	Registration Dist. No.
-	Village or Cit Dennesses (No. 178 Italy 2FULL NAME Senge H	St: Ward) (If death occurred least a hospital or institution, give its NAME lastead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWES, OR DIVENSED (Write the word)	16 DATE OF DEATH Feb. 13, 1931 (Month) (Day) (Year)
	6 DATE OF BIRTH Signal 7 882 (Month) (Pay) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Tel. 8 1921. to Feb 13 , 1921 that I last saw h malive on Feb 13 , 1921
	7 AGE # yrs. mos. 6 ds. or min.?	/ -
1	(a) Trade, profession or particular kind of work	John Duemana
COMP.	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) vrs. mos 3 ds
	9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs./ mos. 7 ds
	10 NAME OF STATHER WILL WILL WILL BIRTHPACE	(Signed) That M. No and M. D Feb-14 1920 (Address) Trust Stand May
	OF FATHER Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	OF MOTHER 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds Where was disease contracted,
	(Informant) MAS AND MILES	if not at place of death? Former or usual residence.
	(Address) Combiland, Md.	Proce of BURIAL OR REMOVAL DATE OF BURIAL FIRE 16 1931
	Filed eb. 16, 1921, Harvey H. Weiss Registrar	Imposten Ine Combine
1	If more banks are needed, address thate Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

WRITE PL

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) nature of the business or industry, and therefore an Physician, business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, For persons who have no occupation Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.) stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Chronic valvular heart disease; etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH	STATE OF MARYLAND
County Allegany	CERTIFICATE OF DEATH
WITHIN CORPOBATE KIMITS	Registration Dist. No.
Village or City suberland (No. / Ele	eler St. 3 Ward) (If death occurred in
2FULL NAME Ronald à	St.: Ward a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male With to (Write the word)	16 DATE OF DEATH MILE 1 19231
6 DATE OF BIRTH	(Month) (Day) (Year)
Jan 1, 1931	1927. to Hell , 1929.
(Month) (Day) (Year)	that I last saw h malive on Sold 1, 1923
If LESS than	and that death occurred on the date stated above, atm.
yrsmosds. ormin.?	The CAUSE OF DEATH * was as follows:
BOCCUPATION	Influenza
(a) Trade, profession or particular kind of work	(Fronchopneum)
(b) General nature of industry business, or establishment in	1
which employed or (employer)	(Duration) yrs. mos. ds.
which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) vs. mos ds.
10 NAME OF FATHER!	(Signed) MSB Queens M. D.
Hartley Wigheld	#161 19231 (Address) 13 8 Vaca
OF FATHER (State or country) 12 MAIDENNAME.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHRNildred Tryan	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place In the of death yrs nos ds. State yrs ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of dea.h?
910-+10.10.00	Former or usual residence.
(Informant) Naville Wille hald	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Elobe St Uly	Hillcred anoton feb 1, 1931
Filed Fib. 2, 19231. Haway H. Welss	20 UN DERTAKER LADDRESS
If more banks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
	And.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., without more precise speciments without more precise speciments. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmet or given up on account of the DISEASE CAUSING DEATH, report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, Foreman, For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman, For persons who have no occupation (b) Automobile factory. The material Stationary freman, etc. But in many (b) Grocery;

Statement of Cause of Death—Name, first, the pisease causing Death (the primary affection with respect to time and causation), using always the same accented term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol telanus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease American Medical Association.) Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train. Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valvular heart disease; etc. The contributory Nomenclature of the

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S. No. 1

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Vil	age or City (No
-	2FULL NAME
	PERSONAL AND STATISTICAL PARTICULARS
3 5	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)
6 1	Tet. 18 (Month) (Day), 1931
7 /	If LESS that
) F	CCUPATION) Trade, profession or articular kind of work) General nature of industry
9 ·) Trade, profession or articular kind of work) General nature of industry asiness, or establishment in hich employed or (employer)
5 F ()	10 NAME OF FATHER 11 BIRTHPLACE 11 BIRTHPLACE 11 BIRTHPLACE 12 BIRTHPLACE 11 BIRTHPLACE 11 BIRTHPLACE 11 BIRTHPLACE 11 BIRTHPLACE
5 H	O Trade, profession or inticular kind of work O General nature of industry isiness, or establishment in hich employed or (employer) IRTHPLACE (State or country) TO NAME OF FATHER Somued Wilson
PARENTS 6	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF TATLER (State NAME OF FATHER (State or country) 12 MAIDEN NAME (State or country) 13 MAIDEN NAME (State or country) 14 MAIDEN NAME (State or country) (State or country) (State or country)

01387 STATE OF MARYLAND CERTIFICATE OF DEATH

2

Registration Dist. No. 12

St.: Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH July 10 3	T 13/
(Month)	(Day) (Year)
17 I HEREBY CERTIFY, That I att	10 00 , 192/
that I last saw het settle on Jet.	10 th, 1931,
and that death occurred on the date stated	above, at 10 Pm.
The CAUSE OF DEATH * was as follows:	
Sportanens al	ntia
(Duration)	yrsmosds.
Contributory Secondary	
(Signed) M. M. Chyrus	yrsds.
3/10 0 193 / (Address) 2211d	
*State the Discase Causing Death, Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal.	or, in deaths from jury and (2) Whether
18 LENGTH OF RESIDENCE (For Hospitients or Recent Residents)	tals, Institutions, Trans-
At place In the of deathyrsds.	eyrsmosds.
Where was disease contracted, if not at place of dea.h?	
Former or usual residence	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
	, 19
20 UNDERTAKER	ADDRESS

(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enlaborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. first line will be sufficient, e. g., Farmer or Planter, sician, Compositor, Architect, Locomolive engineer, or For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-At Home, and children, not gainfully emwithout more precise specification as Day Stationary fireman, etc. -Coal mine, etc. Wom-But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

"Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease approved as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menletanus) may be stated under the head of "contributory." American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train— "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), (name origin; "Cancer" is less definite; avoid by Committee on Chronic etc. The contributory affection need not be valvular heart Nomenclature of the disease;

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V. S. No. 1	(7	N. B. Every

PLACE OF DEATH	01388 STATE OF MARYLAND
County allegent	STATE OF MARYLAND CERTIFICATE OF DEATH
WITHIN CORPORATE LINE	Registration Dist. No.
Village or City Den les Con No. 742 2FULL NAME Slass Wise	Boku 1t st. Ward) (If death occurred I a hospital or institution, give its NAME in stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DEVELOPMENT	16 DATE OF DEATH 726. 12 , 1924. (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Tab. 9 1921. to Tab. 1921 that I last saw herealise on Tab. 17 1921
7 AGE 16 LESS than I day hrs. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work Buildes Controllor (b) General nature of industry business, or establishment in which employed or (employer) Letter (State or country)	Contributory Secondary
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) Oac	(Signed) Mas M. E. M. Dest. 1923 (Address) State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER Cligateth Conton 13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds. Where was disease contracted,
(Informant) Walter Reigh and	Former or usual residence
(Address) 949 Bakes II. Filed Pleb. 151981. Harvey H. Veisse Registrar	Rose Hill Com. At 15 , 1931 20 UN DERTAKER ADDRESS James Stein Im Billy
If more branks are needed address State Registrat	. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emlaborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a er," etc., Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write Nonc. worked on may form part of the second statement. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day (b) Grocery,

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"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid - probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi-Whooping cough; "Atrophy." "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; etc. The contributory Nomenclature of the

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		1PLACE	OF DEAT	Н			
1		County.	lleg	any	*		
-	Vil	llage of ty	Ra.	Ethe	guy.	maj	f
	-	PERSON	AL AND S	STATISTIC	CAL PAR	RTICUI	ARS
	2	Emile	4 COLOR	NACE .	MARRIE WIDOW OR DIVE (Write th	ED.	-96
	6 [DATE OF BIRT	гн	1	1	3	.610
				(Month)		ay)	(Year)
	7 4		yrs.	n	108	2	If LESS than I day hrs. or min.?
1) (l	a) Trade, pro articular kind b) General na usiness, or es hich employe	l of work ture of inditablishment	in		************************	777444
	9 E	(State or cou	atry)	ma	/		
		10 NAME OF	Th	unk	14	ok.	inson
	ENTS	OF FATHE (State or	country)	Tus	# 2	9 U	
	PAR	12 MAIDEN OF MOTH		mil	Ke	Eles	man
		13 BIRTHPL. OF MOTH (State or (ER	20c	it	2	a
	14	(Informant)	01	Less sent	OF MY KI	3 og	lu
-	15	Filed		2 11	MARIA	HL	Veris

01359 STATE OF MARYLAND

CERTIFICATE OF DEATH

	Registration Dist. No. 5
Rawlings My Moke	St: Ward) (If death occurred in a hospital or institution, give its NAME in
L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED	16 DATE OF DEATH 30 2 , 1981
Write the wards glo	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day), 1 <u>430</u> (Year)	that I last saw h
yrs. mos. 19 ds. or min.?	and that death occurred on the date stated above, at
ession or of work	Maluntada phrada
or (employer)	Contributory Brocks - Municipal de
Trank Yokum	(Signed) Seeph. Frank. M. D.
ountry) Wast Va	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
Rosie Kelterman	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
ce Runtry) Joseph Va	At place of deathyramosds. In the Stateyrsmosds. Where was disease contracted,
TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h? Former or usual residence
Dembertand	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL To I heat Rendered House, 1932
3, 1931, Harry Harry	20 UNDERTAKER med ADDRESS
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

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V. S. No. 1

ESERVED

C

MARGIN

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocnature of the business or industry, and therefore an Physician, Compositor, Architect, tired 6 state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons en-For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Wom-Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DISSEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebross: inal meningitis"); Diphtheria (avoid use of "Croup"); S.; inal meningitis"); Diphtheria (avoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) stated unless important use of "Tumor" for malignant neoplasms); Mcasles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid can be ascertamen as conditions or miscarriage as diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-(Recommendations on statement of cause of "A trophy," "Collapse," "Coma," "Convulsions, Chronic Example: Measles (disease chopneumonia (secondary), etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

REAU